



School Records Release Form

I, (Student's Printed Name) _____ authorize the release of my high school report cards/transcripts and/or academic related records including test data (scores), Individual Education Program (IEP) information to Academic Institute of Central Carolina Upward Bound Program. I fully understand this information is solely for the purposes of assessment, educational planning, and counseling.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

CMS Student ID# _____

