Parental Release of Information Authorization

I, ________________________________ authorize ____________________________
High School to release the official transcripts, test scores, and all other necessary
records of my student to the Classic Upward Bound Program at the University of
Maryland, Baltimore County, for evaluation purposes. I also authorize the University of
Maryland, Baltimore County to further release these records to post-secondary
institutions, insofar as those records may relate to the educational planning needs of my
child.

________________________________  ________________________________
Date                              Signature

Student’s Release of Information Authorization

I, ________________________________ authorize ____________________________
High School to release my official transcripts, test scores and all other necessary
records to the Classic Upward Bound Program at the University of Maryland, Baltimore,
for evaluation purposes. I also authorize the University of Maryland, Baltimore County
further release these records to post-secondary institutions, insofar as those records
may relate to my educational planning needs.

________________________________  ________________________________
Date                              Signature