



UPWARD BOUND PROGRAM

**DANVILLE COMMUNITY COLLEGE
DANVILLE, VIRGINIA 24541**

AUTHORIZATION FOR THE RELEASE OF STUDENT INFORMATION

NAME

SOCIAL SECURITY NUMBER

I am familiar with the Upward Bound Program at Danville Community College and support my son/daughter's decision to apply for admission to the program.

I authorize the Upward Bound Program staff at Danville Community College to secure a copy of my child's transcript and standardized test scores from their local school now and throughout the duration of participation in the program.

Parent (s) Signatures

Signature of Student

Date