

CONSENT FOR THE DISCLOSURE OF INFORMATION

I, _____, hereby authorize the GEAR UP Waterbury Alliance
(Student Name)
and its employees to release the following information:

Name
Address
Birth Date
Last Four Digits of Social Security Number
Grade
Attending High School
Middle School Attended

to the following individuals and/or organizations:

Southern Connecticut State University,

to confirm my status as a GEAR UP Waterbury student.

I also give the GEAR UP Waterbury Alliance and its staff permission to communicate with Southern Connecticut State University on my behalf regarding my admission to and enrollment at the University including my application status and financial aid award package.

It is acknowledged and authorized that photocopies and facsimiles of the original of this Consent for the Disclosure of Information, including my signature, shall be as valid as the original.

Student Name

Student Signature

Parent/Guardian Name
(if student is under 18 years old)

Parent/Guardian Signature
(if student is under 18 years old)

Date