



North Shore Community College
300 Broad St. , Lynn, MA, 01901
781-477-2161

ACADEMIC RELEASE FORM

To the Principal or Registrar's Office:

I (student) hereby authorize you to release from your records to North Shore Community College's TRIO Upward Bound Program, the data requested below concerning the following student. The release will be in effect through his/her completion of high school and for six years following his/her graduation to allow for annual tracking of UB participant's education as is required by Federal Department of Education regulations to evaluate the UB Program. I understand that this information will be held in compliance with FERPA and other applicable state laws and will only be accessible to appropriate program staff and Department of Education personnel.

LAST FIRST M.I. DATE

Date of Birth: _____
(MONTH / DAY / YEAR XXXX)

- STUDENT HIGH SCHOOL SCHEDULES
- STUDENT HIGH SCHOOL TRANSCRIPTS
- STUDENT REPORT CARDS
- STUDENT TEST SCORES

SIGNATURE OF STUDENT DATE

SIGNATURE OF PARENT/GUARDIAN DATE

Please mail this required information to:

Upward Bound
North Shore Community College
1 Ferncroft Road
Danvers, MA 01923

To the Applicant:

You may return this form in person to:

Upward Bound Office
North Shore Community College
McGee Building, Room LW155
300 Broad Street
Lynn, MA 01901