



ONE UNIVERSITY PLAZA, MS 2200 • CAPE GIRARDEAU, MO 63701 • (573) 651-5171

**OFFICE OF PRE-COLLEGIATE PROGRAMS  
GEAR UP FOR COLLEGE:  
General Authorization to Release Information**

I hereby grant permission for my child \_\_\_\_\_

**(PRINT STUDENT'S NAME CLEARLY)**

to participate in all aspects of the *GEAR UP For College* program offered by Southeast Missouri State University and its partners for the duration of the program grant period (2006-2012) or, in the event that an extension is granted, for the duration of time that my child is enrolled in the Caruthersville 18 or Hayti R-II school districts.

By signing this consent form I agree to allow my child to participate in all *GEAR UP For College* activities including but not limited to: college tours; field trips; summer activities; guest lectures; in-school and after-school activities; interviews and surveys. I also understand that a staff member may contact me for information regarding my child's participation in *GEAR UP For College*.

**I authorize the Caruthersville 18 and Hayti R-II school districts to release school reports to GEAR UP For College for the purpose of providing services within those districts. This information includes but is not limited to transcripts, report cards, test scores, evaluations, recommendations, attendance records, standardized test scores and IEP's.**

Confidentiality: I understand that data collected will be summarized and will not refer to any specific names. As a legal guardian of a participant in *GEAR UP For College*, I have been assured that the information gathered will be held in the strictest of confidence and that no one outside the program will handle the data. I agree to permit my child's photograph or likeness to be used in *GEAR UP For College* materials and media releases.

The nature and general purpose of *GEAR UP For College* has been explained to me and I understand them. I also understand that my child and/or I will be given an explanation of each activity and can decline to participate.

Print Name of Legal Guardian: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Legal Guardian)

Current Mailing Address: \_\_\_\_\_

Zip Code

Name of School this child attends this year: \_\_\_\_\_ Grade \_\_\_\_\_

**Please return a signed copy of this form to our office or the counselor's office at your child's school.**

**GEAR UP FOR COLLEGE  
SOUTHEAST MISSOURI STATE UNIVERSITY  
ONE UNIVERSITY PLAZA, MS2200  
CAPE GIRARDEAU, MO 63701  
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