



Utah's Statewide GEAR UP Education Program Authorization for Release of Information

I, _____, do hereby grant the representative of Utah's
(Print Parent/Guardian Name)
Statewide GEAR UP Education Program authorization to release information and/or
obtain information from school, district and state data sources regarding the following
individual:

Student's Name (Please Print)

This release is effective as of the date signed.

Reason for release of information:

To track student's success in school and help facilitate their preparation for and success
in continuing their education beyond middle school and high school.

Specific types of information to be released (this information may be provided by the
school, district or State Office of Education):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Class Schedules | <input checked="" type="checkbox"/> Transcripts, Grade Reports, & Test Scores |
| <input checked="" type="checkbox"/> Cumulative Student Record | <input checked="" type="checkbox"/> Attendance |
| <input checked="" type="checkbox"/> Behavioral/Social/Citizenship | <input checked="" type="checkbox"/> Free/Reduced Lunch Status/Eligibility |
| <input checked="" type="checkbox"/> Student Educational and Occupational Plan (SEOP) Information | |
| <input checked="" type="checkbox"/> Student Portfolio Information on UtahFutures | |

Student Information Systems (SIS) or other school grade database(s) user
name(s) and password(s)

SIS / Powerschool User Name(s): _____

SIS / Powerschool Password(s): _____

I also authorize GEAR UP personnel to take photos/videos of my student during GEAR
UP activities and use them for historical, informational, and promotional purposes by the
GEAR UP program. By signing this document I release the above agencies/individuals
from any and all liability for revealing and/or releasing such information.

*I understand that my student may be selected for income verification to establish
eligibility for Free/Reduced Lunch Program status/eligibility and this may include copies
of household tax returns.*

I understand that I may revoke this release at any time by informing this agency in
writing.

Parent/Guardian Signature

Date

Utah Statewide GEAR UP Counselor

Date