

Upward Bound Academic Need Assessment [PLEASE SUBMIT TO GUIDANCE COUNSELOR WITH ATTACHED ENVELOPE]

Southwestern Community College • 447 College Drive • Sylva, NC 28779

| Student Name: | | | | |
|---|---|--|---|--|
| Social Security #: | | | | School: |
| Current Grade (please circle): | 9 | 10 | 11 | 12 |
| includes information such as grades, of Bound staff members may discuss ac staff and/or administrators) as part personal needs. This release also impli convey information they feel is relevan | to Sout class ra ademic of moni es pern t to the rivacy / | thwester and/or p toring ac nission fo well bei Act. My a | n Commoscores, personal cademic or high engo the substitution of the suthorizers. | BOUND unity College information concerning my student. This and past school records. I also recognize that Upward concerns with high school personnel (teachers, guidance progress and assessing the student's academic and school personnel to contact Upward Bound personnel and e student participating in the program. I recognize that ation will continue in effect unless a written withdrawal of |
| SIGNATURE OF PARENT/ LEGAL C | GUARD D. | IAN: ATE: | | |
| Program. I understand that such resu officials to share such results with th | Its are e high s GUARD | protecto school pe VAN: | ed by th rsonnel | testing program provided by the SCC Upward Bound e Privacy Act. Furthermore, I authorize Upward Bound and other qualified professionals working with the student. |
| the following information. Please coloffice. Thank you for your assistanc | mplete e! ized te ol tran | , sign, m st score script ir | iake a c es inclu icludina | 1 |
| Please explain: | | | | |
| 4- Other comments: | 6 or co | ncerns, | please | contact us at 800-447-4091 X 462 |
| Signature of School | Persor | ınel | | Date |