



**— ALL INFORMATION WILL BE HELD IN STRICT CONFIDENCE —**

**Directions:** Please print in blue or black ink or type application. All requested information must be provided before we will consider your application. Please do not leave any lines blank. If an item does not apply to you, please write/type (N/A) in the space provided. If you have any questions or need assistance completing this application you may contact us by telephone at (580) 371-9903, fax - (580) 371-9583 (you may call collect).

**Personal Data Section – Page 2**

Please attach a copy of applicant's Social Security card. If the applicant is Native American, please indicate tribe and degree of Indian blood and attach a copy of applicant's CDIB card or a tribal letter.

**Parent / Legal Guardian Permission Statement – Page 2**

Please read items 1 through 5 carefully. Students may only leave an Upward Bound function with a parent or legal guardian. To give a student permission to leave the campus with someone other than yourself, please list approved persons and, if applicable, prohibited persons. \*See comments on page 1.

**Student Needs Assessment Section – Page 3**

Please complete each item. This information will be confidential.

**Student Activities – Page 4**

Please complete each section as accurately as possible. Please include tentative information if necessary.

**Family Information Section – Page 5**

This section is to be completed by a parent or guardian with whom the applicant resides. Please be precise when answering these questions.

**Family Income Section – Page 6**

This section is very important in helping us determine eligibility based on income. Please answer as precise and complete as possible. We must have proof of income before we can consider this application. The most common form of "proof of income" is your previous year's tax form. Please attach a signed copy of pages 1 and 2 of your tax form for the previous tax year in which the student was a dependent. If you did not file a tax return, please complete the non-filer information and provide documentation of your untaxed income.

**Medical Information Section – Page 7**

Please complete each item and attach a copy of your insurance, Medicaid or Sooner Care card. This information is very important in case of an emergency.

**Parental Consent/Liability Release Form – Page 8**

This section must be completed before you can attend any Chickasaw Foundation Upward Bound program activities.

**Photo Release Form – Page 8**

This section must be completed before you can attend any Chickasaw Foundation Upward Bound program activities.

**Academic Year Student Contract – Page 9**

This section lists the student goals and commitments and the Chickasaw Foundation Upward Bound program services to students.

**Recommendation Forms – Pages 10 - 12**

The applicant must have three (3) of these completed by someone on staff at his/her school, not related to the student; for example, school counselor or teacher. Completed forms should be returned to the counselor.

**Student Authorization for Disclosure of Information in Education Records Form – Page 13**

We use school documents to track and report the progress of each student. Your signature gives us permission to access needed transcripts, scores and other reports held by the applicant's school. The applicant's information is confidentially held for office use only. Please authorize the Chickasaw Foundation, Chickasaw Foundation Upward Bound and your school under the form's *Organization Authorized* section to allow those organizations to be able to share information.



# Chickasaw Foundation Upward Bound Application Form

## PERSONAL DATA SECTION:

\_\_\_\_\_  
First name Middle name Last name

\_\_\_\_\_  
Mailing address City State Zip

\_\_\_\_\_  
Home phone number Cell/other phone number Email address

M  F  Yes  No  
Gender (check one) Date of birth Social Security number U.S. citizen (check one)

\_\_\_\_\_  
Race/ethnic group (optional) Tribe (if Native American) Degree of Indian blood

\_\_\_\_\_  
Current grade level Name of school City School phone number

### **Parent / Legal Guardian Permission Statement:**

- 1. My child may participate in all activities of the Chickasaw Foundation Upward Bound program.
- 2. I give permission for my child to leave the Murray State College campus to participate in Chickasaw Foundation Upward Bound activities.
- 3. I release the Chickasaw Foundation Upward Bound program from liability concerning my child's participation in our Upward Bound program.
- 4. I understand that my child must meet the program guidelines as determined by the U.S. Department of Education to be considered for the Chickasaw Foundation Upward Bound program. Applicants must meet income guidelines and/or be first generation college students. A student is a first generation college student if neither parent/legal guardian has graduated from a four-year college.
- 5. I understand that my child cannot leave the Murray State College campus without written permission of the parent/legal guardian.

### **Others Authorized to Pick Up Student:**

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

### **People Prohibited From Picking Up Student:**

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Chickasaw Foundation Upward Bound Application Form

## **STUDENT NEEDS ASSESSMENT SECTION:**

**To be completed by the applicant.** This survey contains a list of services provided by the Chickasaw Foundation Upward Bound program to help students gain the academic skills, social skills and motivation necessary to be successful in postsecondary education. Please check the services that would benefit you most.

### **ACADEMIC SERVICES:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Supplemental instruction | <input type="checkbox"/> Time management skills workshop | <input type="checkbox"/> Study skills workshop    |
| <input type="checkbox"/> Basic skills development | <input type="checkbox"/> Test-taking skills workshops    | <input type="checkbox"/> Critical thinking skills |
| <input type="checkbox"/> Improve GPA              | <input type="checkbox"/> Improve achievement test scores | <input type="checkbox"/> ACT prep workshop        |
| <input type="checkbox"/> Academic advisement      | <input type="checkbox"/> Curriculum advisement           | <input type="checkbox"/> Tutoring                 |
| <input type="checkbox"/> Goal setting             | <input type="checkbox"/> Six-week summer program         |   |

### **COUNSELING SERVICES:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Career counseling | <input type="checkbox"/> Individual counseling | <input type="checkbox"/> Group counseling |
| <input type="checkbox"/> Peer counseling   | <input type="checkbox"/> Academic counseling   |   |

### **PRE-COLLEGE SERVICES:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> College prep workshops   | <input type="checkbox"/> College admissions workshop   | <input type="checkbox"/> College course selection |
| <input type="checkbox"/> Financial aid assistance | <input type="checkbox"/> College admissions assistance | <input type="checkbox"/> Scholarship assistance   |
| <input type="checkbox"/> Financial aid workshops  | <input type="checkbox"/> College/university tours      |   |

### **MOTIVATIONAL ACTIVITIES:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Social skills development | <input type="checkbox"/> Cultural enrichment     | <input type="checkbox"/> Personal development |
| <input type="checkbox"/> Career exploration        | <input type="checkbox"/> Recreational activities |   |

### **QUESTIONS:**

1. Are you encouraged by your family to graduate from high school?  Yes  No
2. Are you encouraged by your family to graduate from college?  Yes  No
3. Do you have the opportunity, support and guidance to take challenging college preparatory courses in high school?  Yes  No
4. Have you developed career goals?  Yes  No
5. Do you receive information concerning careers?  Yes  No
6. Are you interested in receiving information about college and careers?  Yes  No

# Chickasaw Foundation Upward Bound Application Form

## **STUDENT ACTIVITIES:**

### **SUMMER ACTIVITIES:**

What do you do during the summer? For example, list summer camps you will attend, vacations, visits to relatives, sports practices, driver's education, summer jobs, etc. Please give approximate dates.

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### **AFTER HIGH SCHOOL GRADUATION:**

What do you plan to do after you graduate from high school?

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### **CAREER GOALS:**

What do you plan to do to earn a living after you complete your education? What career field is of interest to you?

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### **EDUCATIONAL GOALS:**

What kind of education will you need to reach your career goals? For example, do you need to go to vo-tech, college or is high school enough?

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# Chickasaw Foundation Upward Bound Application Form

**FAMILY INFORMATION SECTION:**

**Father:** \_\_\_\_\_ **Mother:** \_\_\_\_\_

Place of employment \_\_\_\_\_ Place of employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone / pager: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone / pager: \_\_\_\_\_

**Stepmother:** \_\_\_\_\_ **Stepfather:** \_\_\_\_\_

Place of employment \_\_\_\_\_ Place of employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone / pager: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone / pager: \_\_\_\_\_

**Legal Guardian:** \_\_\_\_\_ **Legal Guardian:** \_\_\_\_\_

Place of employment \_\_\_\_\_ Place of employment: \_\_\_\_\_

Work phone: \_\_\_\_\_ Cell phone / pager: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone / pager: \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**(OTHER THAN PARENTS)**      Name      Phone      Relationship

Names of All Persons Living in Your Home	Relationship	Age
	Applicant	

Is either parent a graduate of a four-year college or university?     Yes     No

Mother     Father

                  Name of college or university: \_\_\_\_\_

(Check all that apply)

Who do you live with?     Mother     Father     Stepmother     Stepfather     Other: \_\_\_\_\_

Please explain any circumstances that would prevent you from attending a college or university:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Chickasaw Foundation Upward Bound Application Form

## **FAMILY INCOME SECTION:**

This section must be completed and signed by a parent/legal guardian. The United States Department of Education requires this information to determine eligibility for the Chickasaw Foundation Upward Bound program. Please be as accurate and complete as possible.

**To verify income and meet the requirements of the United States Department of Education, we must have a copy of your most recent Federal Income Tax Return. We cannot consider this application until this information is received.**

## **HOW TO DETERMINE TAXABLE INCOME**

If you filed a Federal Income Tax Form 1040 or Federal Income Tax Form 1040 EZ, look for the line stating "**Taxable Income**". Report your taxable income only.

Our taxable income is \$ \_\_\_\_\_.

## **NON-FILERS INFORMATION**

If you did not file a Federal Income Tax Form, please complete the *Non-Filers* information below for the previous tax year.

<b>Source of income</b>	<b>Amount per year</b>
Wages or salary	_____
Social security	_____
Temporary assistance to needy families (TANF)	_____
AFDC (food stamps)	_____
Unemployment benefits	_____
Child support received	_____
Alimony	_____
Retirement income	_____
Veteran's benefits	_____
<b>Total income</b>	_____

**To verify this information and meet the U.S. Department of Education requirements, we need a statement from a caseworker or a copy of a document confirming this information.**

My signature verifies that this information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature of parent/legal guardian

\_\_\_\_\_  
Date

# Chickasaw Foundation Upward Bound Application Form

## MEDICAL INFORMATION SECTION:

\_\_\_\_\_  
Name of physician (required)

\_\_\_\_\_  
Physician's office address (required)

\_\_\_\_\_  
Physician's phone number (required)

\_\_\_\_\_  
Fax number (optional)

\_\_\_\_\_  
Name of dental care (required)

\_\_\_\_\_  
Dental office address (required)

\_\_\_\_\_  
Dental office phone number (required)

\_\_\_\_\_  
Fax number (optional)

## **MEDICAL INSURANCE INFORMATION:**

The Chickasaw Foundation Upward Bound program participants are covered by accident insurance supplied by the program. However, our policy will be secondary to the parent's policy. The Chickasaw Foundation Upward Bound program policy covers accidental injuries incurred during participation in the Chickasaw Foundation Upward Bound program. Parents must pay for medication and visits to the doctor for non-injury illnesses such as colds, sore throats, allergies, etc.

\_\_\_\_\_  
Name of insurance company

\_\_\_\_\_  
Policy number

\_\_\_\_\_  
Group number

Medicaid number: \_\_\_\_\_

Sooner care number: \_\_\_\_\_

## **APPLICANT MEDICAL HISTORY**

Do you wear glasses or contact lenses?     Yes     No

Do you use any prescription medications?     Yes     No

If yes, please list all prescription medications you are currently using (name, dosage, frequency, time to be given and any special instructions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any medications, foods, insects or pollen?     Yes     No

If yes, please list all to which you are allergic: \_\_\_\_\_  
\_\_\_\_\_

Has the allergy required emergency action in the past?     Yes     No

Comments: \_\_\_\_\_

Have you had surgery in the last year?     Yes     No

If yes, what kind? \_\_\_\_\_ When? \_\_\_\_\_

Please describe any medical condition, health information or concerns that would prevent strenuous exercise or that we should be made aware of: \_\_\_\_\_  
\_\_\_\_\_

# Chickasaw Foundation Upward Bound Application Form

## Parental Consent/Liability Release Form

I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, give my consent for participation of my child in monthly academic year field trips/activities:

I also consent to transporting and seeking emergency treatment, to making decisions regarding the welfare of my child, such as medication and health assessments, if necessary, while he/she is participating in field trips/activities.

I, the undersigned parent/legal guardian of \_\_\_\_\_, a minor, do hereby release the Chickasaw Nation, the Chickasaw Foundation and any of the staff or employees of any liability in the event of accidental injury, illness or death to the above-mentioned minor, during the term of each field trip/activity.

Are there any existing medical conditions that your child may have that the staff/employees should be made aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Medication (currently taking): \_\_\_\_\_

I grant you permission to give the following medications to my child if needed. For example, any over-the-counter medication as follows:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Ibuprofen (200 mg) | <input type="checkbox"/> Aspirin (325 mg)           | <input type="checkbox"/> Acetaminophen (500 mg extra strength) |
| <input type="checkbox"/> Calamine lotion    | <input type="checkbox"/> Eyewash                    | <input type="checkbox"/> Antacid (Calcium)                     |
| <input type="checkbox"/> Swimmers eardrops  | <input type="checkbox"/> Triple antibiotic ointment | <input type="checkbox"/> Cough drops (Menthol 6.5)             |
| <input type="checkbox"/> Other: _____       |   |  |

Emergency contact: \_\_\_\_\_ Phone no.: (\_\_\_\_) \_\_\_\_\_

## Photo Release Form

1. I hereby grant the Chickasaw Nation, the Chickasaw Foundation, its agents and others working for it or on its behalf and their respective licensees, successors and assigns (herein referred to as the "tribe") the absolute right and permission to use, publish, reproduce, broadcast and copyright my name, picture, likeness or any material based upon or derived therefrom, or to refrain from so doing, in any manner or media whatsoever for purposes of advertising or trade in promoting and publicizing the tribe.
2. I agree that my picture or likeness or anything derived therefrom created by the tribe is owned by it. If I should receive any print, negative or other copy, I shall not authorize its use by anyone else.
3. I shall have no right of approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alteration, distortion or illusionary effect or use in any composite form.
4. I agree that this release does not in any way conflict with any existing commitment on my part.

*If the participant is a minor, a parent or legal guardian must sign the following space after reading and agreeing to the "Liability Release."*

**Student participation:** I, \_\_\_\_\_, agree to participate and represent the Chickasaw Nation and Chickasaw Foundation while attending:

\_\_\_\_\_  
Name of participant (print)                      Signature of participant                      Date

\_\_\_\_\_  
Name of parent/legal guardian (print)                      Signature of parent/legal guardian                      Date

# Chickasaw Foundation Upward Bound Application Form

## Academic Year Student Contract - \_\_\_\_\_

### STUDENT GOALS:

1. To successfully complete high school with a grade point average of 2.99 or above.
2. To be accepted into a postsecondary education program.
3. To graduate from a college or university with a bachelor's degree.

### STUDENT COMMITMENT:

1. I will set academic goals and work hard to achieve my goals.
2. I will achieve a cumulative grade point of at least 2.25 as a freshman, 2.50 as a sophomore, 2.75 as a junior and a 2.99 my senior year.
3. I agree to attend tutoring for any core curriculum course grade below a C.
4. I will participate in all tutoring sessions required of or requested by me.
5. I will attend all Chickasaw Foundation Upward Bound program activities.
6. I will notify the Chickasaw Foundation Upward Bound program when I am unable to attend any program activity.
7. I will enroll in high school courses required and/or recommended for college entry and success.
8. I will apply to three or more postsecondary education institutions.
9. I will attend the bridge component of the Chickasaw Foundation Upward Bound program upon high school graduation.
10. I will abide by all of the rules and regulations of the Chickasaw Foundation Upward Bound program and Murray State College.
11. I will conduct myself appropriately at all Chickasaw Foundation Upward Bound program activities.

### **The Chickasaw Foundation Upward Bound program will provide the following services to assist the academic and social development of its students:**

1. Academic needs assessment.
2. Supplemental academic instruction.
3. Basic skill instruction.
4. Tutoring.
5. Academic advisement and course selection.
6. Personal and career counseling.
7. Field trips.
8. Personal development.
9. Cultural enrichment.
10. Financial aid application assistance.
11. College application assistance.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Chickasaw Foundation Upward Bound

## RECOMMENDATION FORM

(Please obtain three (3) recommendation forms from school personnel)

Student name: \_\_\_\_\_ School: \_\_\_\_\_

This survey contains a list of services provided by the Chickasaw Foundation Upward Bound program to help students gain the academic skills, social skills and motivation necessary to be successful in postsecondary education. Please check the services that would benefit this student.

√	<b>Academic Services</b>	√	<b>Pre-College Services</b>
	Supplemental Instruction		College Admissions Workshops
	Basic Skills Development		College & University Tours
	Time Management Workshops		College Course Selection Assistance
	Study Skills Workshops		College Admissions Assistance
	Test Taking Skills Workshops		Financial Aid Workshops
	ACT Preparation Workshops		Financial Aid Application Assistance
	Tutoring		College Application Assistance
	Critical Thinking Skills Development		Scholarship Application Assistance
	Goal Setting		Six-Week Residential Summer Session
	Academic Advisement		Oklahoma's Promise (OHLAP) Application Assistance
	Leadership Skills		<b>Motivational Activities</b>
	<b>Counseling Services</b>		Social Skills Development
	Career Counseling		Cultural Activities
	Individual Counseling		Personal Improvement
	Group Counseling		Career Exploration
	Peer Counseling		Recreational Activities
	Academic Counseling		Cultural Trips
	Crisis Counseling Referrals		Team Building

- Does this student have the opportunity, support and guidance to take college prep courses?  Yes  No
- Does this student receive comprehensive career guidance information?  Yes  No
- Is this student a discipline problem at school?  Yes  No
- Does this student receive special educational services?  Yes  No
- Does this student have an IEP?  Yes  No
- Does this student have the academic potential for success at the postsecondary education level with the services provided by the Chickasaw Foundation Upward Bound program?  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL COUNSELOR – THANK YOU**

# Chickasaw Foundation Upward Bound

## RECOMMENDATION FORM

(Please obtain three (3) recommendation forms from school personnel)

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- Is this student a discipline problem at school?  Yes  No
- Does this student receive special educational services?  Yes  No
- Does this student have an IEP?  Yes  No
- Does this student have the academic potential for success at the postsecondary education level with the services provided by the Chickasaw Foundation Upward bound program?  Yes  No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL COUNSELOR – THANK YOU**

# Chickasaw Foundation Upward Bound

## RECOMMENDATION FORM

(Please obtain three (3) recommendation forms from school personnel)

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√	Academic Services	√	Pre-College Services
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	Basic Skills Development		College & University Tours
	Time Management Workshops		College Course Selection Assistance
	Study Skills Workshops		College Admissions Assistance
	Test Taking Skills Workshops		Financial Aid Workshops
	ACT Preparation Workshops		Financial Aid Application Assistance
	Tutoring		College Application Assistance
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	Leadership Skills		<b>Motivational Activities</b>
	<b>Counseling Services</b>		Social Skills Development
	Career Counseling		Cultural Activities
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	Academic Counseling		Cultural Trips
	Crisis Counseling Referrals		Team Building

- Does this student have the opportunity, support and guidance to take college prep courses?  Yes  No
- Does this student receive comprehensive career guidance information?  Yes  No
- Is this student a discipline problem at school?  Yes  No
- Does this student receive special educational services?  Yes  No
- Does this student have an IEP?  Yes  No
- Does this student have the academic potential for success at the postsecondary education level with the services provided by the Chickasaw Foundation Upward bound program?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL COUNSELOR – THANK YOU**



## Student Authorization for Disclosure of Information in Education Records

Chickasaw Foundation Upward Bound  
One Murray Campus, Box 11  
Tishomingo, OK 73460

Pursuant to Family Educational Rights  
and Privacy Act of 1974, as amended.

**Instructions:**

To authorize the Chickasaw Foundation Upward Bound to obtain your educational information and release your educational information to individuals or the college/university you are attending, please:

- 1) Fill out all appropriate fields on this form; and
- 2) Hand-deliver or mail the form to the address above.

**Note:** Forms will not be accepted without a signature.

<b>First Name:</b>	
<b>Middle Name:</b>	
<b>Last Name:</b>	
<b>DOB:</b>	

Please enter the name of the organization(s) or individuals to whom the authorization is given or revoked. You may enter more than one name. Enter only ONE name per space.

Organization Authorized			
	<input type="checkbox"/> given <input type="checkbox"/> revoked		<input type="checkbox"/> given <input type="checkbox"/> revoked
	<input type="checkbox"/> given <input type="checkbox"/> revoked		<input type="checkbox"/> given <input type="checkbox"/> revoked
	<input type="checkbox"/> given <input type="checkbox"/> revoked		<input type="checkbox"/> given <input type="checkbox"/> revoked

Individual Authorized	DOB	SSN	
			<input type="checkbox"/> given <input type="checkbox"/> revoked
			<input type="checkbox"/> given <input type="checkbox"/> revoked

**Authorization:**

I hereby authorize Chickasaw Foundation Upward Bound to disclose my educational record(s) to the above-mentioned organizations or individuals:

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature (if applicable)

\_\_\_\_\_  
Date

**Authorization:**

I hereby authorize the \_\_\_\_\_ to disclose my educational record(s) to Chickasaw Foundation Upward Bound:  
Name of organization(s) or individuals

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature (if applicable)

\_\_\_\_\_  
Date