

**AUTHORIZATION FOR ACCESS TO SCHOOL RECORDS AND RELEASE OF  
GEAR UP RECORDS DATA**

**Request**

Records to be released or requested: Students complete educational records: such as,  
Academic Academic Records (including test scores),  
Records (including grades), Standardized Test  
Scores, and Enrollment & Attendance Records.

Name of Requestor: Lisa Repa

Organization and Position: GEAR UP/KCP College Day Program Coordinator

Signature of Requestor:

Reason for Request: Records will be used by the GEAR UP/KCP  
College Day Program(s) Coordinator to determine  
student needs, progress, and grant documentation  
per Federal and State guidelines.

**Consent**

I understand that the U.S. Department of Education requires the Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) to monitor the educational attainment of its participants. Due to these requirements, your signature on this release form will allow Lake Superior State University's GEAR UP Program Coordinator to monitor your (the student) progress during your participation within the program. In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I hereby give my permission for my student (in case of parent or guardian) or my permission (in case of a project participant), middle/high school institution to release records to the Lake Superior State University GEAR UP/KCP College Day Program Coordinator; and further, as required, to also be released to the State of Michigan and the U.S. Department of Education who in return funds said programs.

Student Name (**Please Print**): \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_