

SUMMER RESEARCH PROGRAM
FOR
HIGH SCHOOL STUDENTS
INFORMATION RELEASE STATEMENT

NOTE TO APPLICANT: Deliver this page directly to the Registrar's Office at your school.

I, _____, give permission to the registrar at
Name

Name of High School

Address

City

State

Zip

to release the following

academic information from my records and mail to:

Kathleen Tiernan, MS, CHES
Director, High School Summer Research Program for Students
and Teachers Summer Research Program
Educational Outreach Office
The University of Texas Medical Branch
301 University Blvd.
Galveston, TX 77555-0981

Information to be released include the following listed below:

1. Copy of official transcript.
2. Grade averages (overall and current classes)
3. Class rank
4. Percentile rank
5. Standardized test scores (PSAT/SAT and/or ACT)

Signature of Student

Date