



**GEAR UP PERMISSION FORM**  
**Seminole State College**  
**(This form will be used for the duration of the**  
**GEAR UP grant. )**



1. Seminole State College’s GEAR UP program has partnered with your child’s school to provide educational opportunities which may include, but is not limited to, the following:

- \*Field Trips
- \*Tutorial/Mentoring Sessions
- \*Summer Institutes
- \*Physical Activities
- \*Transportation by bus, van, or private vehicle

2. In consideration of any activities which your child may participate in, you hereby release the GEAR UP program, GEAR UP employees, instructors, volunteer participants, and Seminole State College employees from any claims of injury or damages arising out of your child’s participation. You also accept responsibility for your child’s conduct while participating in the GEAR UP program.

3. We the undersigned hereby give permission to the Seminole State College GEAR UP program to obtain relevant academic records including, but not limited to, past, present, and future school transcripts, test scores (CRT, EOI, PLAN, ACT, SAT, EXPLORE, etc.), and teacher evaluations. This includes future college transcripts, admission applications, class schedules, and financial aid documents (such as OK Promise, OK College Start, FAFSA, student aid reports, and scholarship award letters).

I understand that these records are confidential and will be used internally for evaluating the participant’s academic need and progress toward GEAR UP goals. This information is needed to meet U.S. Department of Education regulations.

None of my identified, individual records will be released to any person, corporation, organization, or present or future employer without further written consent. All records are kept in locked files to further secure student information.

4. This form is good from the day it is signed and dated until the end of the grant period.

5. The parent or legal guardian of the GEAR UP student agrees to notify Seminole State College’s GEAR UP program staff if any changes occur that affect this agreement.

\_\_\_\_\_ Student’s First and Last Name (print)      \_\_\_\_\_ Date of Birth      \_\_\_\_\_ School

\_\_\_\_\_ Signature of Parent/Guardian      \_\_\_\_\_ Date

\_\_\_\_\_ Address      \_\_\_\_\_ Phone Number

\_\_\_\_ Students participating in GEAR UP events may occasionally be photographed, filmed, or interviewed.  
 YES    NO    This form gives GEAR UP permission to use photographs, films, or interviews for publication.

**Gaining Early Awareness and Readiness for Undergraduate Programs**

**08-08-2008**