

**EDUCATIONAL TALENT SEARCH
HAMPTON UNIVERSITY**

RECORDS RELEASE FORM

Student's Name: _____

SS#: _____ - _____ - _____ DOB: ____/____/____ Grade: _____

Student's School: _____

School Phone: _____

School Counselor or Other Official:

I hereby consent to the release of my child's middle school, high school, GED/adult education and/or college records to the Educational Talent Search at Hampton University. I understand that these records may include transcripts, test results, IEP's disciplinary reports, enrollment information, grade reports, financial aid information and any and all other records needed to serve me/my child. I also grant permission to the Educational Talent Search at Hampton University staff to speak with teachers, counselors, administrators, and other school/program staff in order to obtain and exchange information as part of the services rendered by the Educational Talent Search at Hampton University. I further understand that all records will be kept on file in the Educational Talent Search at Hampton University office and will be kept confidential in accordance to ethical and legal standards. I also agree to provide my child's ETS counselor with copies of their six week, nine week, and end-of-semester grade reports.

Student's Signature: _____ Date: _____
(Required of all applicants)

Parent's/Guardian's Signature: _____ Date: _____
(Required if applicant is under 18 years old)