

**STUDENT SUPPORT SERVICES
HAMPTON UNIVERSITY**

PROGRAM PARTICIPATION/INFORMATION RELEASE FORM

STUDENT: (Please complete even if parent is also completing bottom portion.)

By signing this form, I:

1. Agree to participate actively in the Student Support Services Program (SSS).
2. Grant permission for the SSS Program to review and/or secure a copy of my financial aid and academic information on campus during my enrollment at Hampton University. I understand that this information will be used to support my eligibility and/or to assess my academic strengths and weaknesses.
3. Understand that my academic information might be released to my parents.

PARENT: (This section must be completed by parent/guardian if student is a dependent and living at home.)

By signing this form, I:

1. Grant permission for my son/daughter to participate in the Student Support Services Program (SSS).
2. Grant permission for the SSS Program to review and/or secure a copy of my son's/daughter's aid and academic information on campus during their enrollment at Hampton University. I understand that this information will be used to support their eligibility and/or to assess their academic strengths and weaknesses.
3. Certify that the following natural parent **living in the household with my son/daughter** has a four year college degree.
___mother ___father ___neither (Not having a degree does not disqualify your child.)

SIGNATURES: (Application cannot be processed without this signed form.)

Student Signature _____ Date _____

Parent Signature _____ Date _____