



HADDIX STEM CORRIDOR PROGRAM

SCHOOL RECORDS RELEASE FORM

As the parent or guardian of _____ ,
I hereby consent to the release of my child's academic records which will include transcripts, grade reports, test scores, and attendance records, to the **Haddix STEM Corridor Program at Creighton University**. Information gathered from this release will only be used during the applicant review process for acceptance into this summer program and will be available only to the selection committee. This consent and our access to your child's records will expire on **June 1, 2019**.

Parent or Guardian Name: _____

Relationship to Student Applicant: _____

Signature: _____

Date: _____