Student Program Agreement & Media Release Form

Please submit this signed form electronically to apr.ucr@gmail.com, by mail or bring to the first session you attend.

AP Readiness
UCR GSOE
900 University Avenue
Riverside, CA 92521

If you have any questions, please call James Keipp at (951) 827-5225 or email at apr.ucr@gmail.com

Program Agreement
I attest to the fact that the AP Readiness Student Application information is accurate to the best of my knowledge. I understand that knowingly submitting inaccurate information may result in my dismissal from the program.

Name of Student: ___________________________  School: ___________________________

Signature of Student: ___________________________  Date: __________________

List the names of teachers at your school who will attend the AP Readiness Program:
____________________________________________________________________________

Signature of Teacher: ____________________________  Date: __________________

Parent Authorization
I hereby authorize the University of California to have access to and to receive copies of my child’s academic Advanced Placement test records through completion of the 12th grade. These records may be contained in electronic databases and warehouses including but not limited to the UC Gateways data warehouse. I understand that these records will be kept in strict confidence and will be used solely to: a) monitor my child’s academic progress and b) for general use in planning outreach and requirement activities. Further, I understand that my child will contribute information to evaluate the benefits of the program she/he participates in.

Parent /Guardian First Name: ____________________  Last Name: _____________________

Work Phone Number: (    ) _________________  Home Phone Number: __________________

Signature of Parent /Guardian _____________________________  Date: _________________
Photo/Video Release

I, (please print your name) ____________________________________________
give the University of California, Riverside, the absolute right and permission to
use my photograph/video in its promotional materials and publicity efforts. I
understand that the photographs/video may be used in a publication, print ad,
direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW,
UCTV), or other form of promotion. I release the University, the
photographer/videographer, their officers, employees, agents, and designees
from liability for any violation of any personal or proprietary right I may have in
connection with such use. I am 18 years of age or older.

Signature ____________________________________  Date   ________________
Address ___________________________________________ _________________
City _________________________________  State  _____ __  Zip  ____________
Phone  (____)_____________________  email _________ ___________________

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