

HARRIS-STOWE
STATE UNIVERSITY
EDUCATIONAL TALENT SEARCH

Academic Records - Release Form

I grant permission for a copy of my child's academic records, grade card or transcript (whichever is easiest), test scores, attendance to:

Date: _____

Linda Todoroff, Director
Educational Talent Search
Harris-Stowe State University
3026 Laclede Ave., Box 111
St. Louis, MO 63103

Student's Name:

Last Name First Name MI

Student Signature: _____

Address: _____
House Number/ Street/ Apartment Number Zip Code

My child attends (Name of School):

Student's Date of Birth: _____

Student ID #: _____ Last four digits of SS#: XXX - XX - _____

Name of Parent: _____ Sig. of Parent _____

From time to time ETS will host activities, workshops, seminars or during the summer classes on campus. As a way of documenting what takes place during these events, pictures or videos are often taken. These items could be used as a bulletin board display, a slide show, published in the newsletter or on a brochure and/or a report. By signing below I understand I grant Harris- Stowe State University and the University representatives and assignees, the irrevocable and unrestricted right to use and publish photographs of me and/or my child and to copyright the same for program and University purpose. I hereby release Educational Talent Search representatives and Harris-Stowe State University from all claims and liability relating to said photographs/video.

Parent Sig: _____ Student Sig: _____