

Dear Parent/Student:

A completed information packet consists of the following:

- ❖ The Upward Bound Information Sheet
- ❖ The Upward Bound Teacher Recommendation Form
- ❖ The Savannah-Chatham Public School Records Release Form

YOU MUST HAVE THESE ITEMS ON FILE TO BE EVALAUTED FOR AN INTERVIEW. Once your packet is evaluated, you will be contacted regarding the status of eligibility.

You will be informed in writing of our final decision. It is important you provide the correct mailing address, email address and telephone numbers, therefore, any changes in the information submitted on the application while in the evaluation phase should be reported as soon as possible.

If you have any questions please do not hesitate to contact the office.

Sincerely,



Bobby E. Roberts, Jr.
Director



Savannah-Chatham County Public School System
Transcript Request and Records Release Form

USE BLACK INK ONLY

In order to process your request, please complete the entire form.

STUDENT INFORMATION					
Legal Last Name:		Legal First Name:		Legal Middle Name:	Suffix:
Name as it Appears on the School Record:		Grade:	Gender:	Birth Date:	Social Security Number/FTE Number:
				<input type="checkbox"/> M <input type="checkbox"/> F	
Presently a Student? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, proceed to Inactive Students Section)				Grade Level/Homeroom Section:	

INACTIVE STUDENT

Last Public School Attended in Chatham County:	
Year of Graduation:	Year of Withdrawal:
Which did you receive? (Check one) <ul style="list-style-type: none"> <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate of Performance/Completion <input type="checkbox"/> GED <input type="checkbox"/> No Diploma Awarded 	Item(s) requested: Qty: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Transcript _____ <input checked="" type="checkbox"/> Immunization _____ <input checked="" type="checkbox"/> Test Scores _____ <input type="checkbox"/> Other: _____

Savannah-Chatham County Public School System (SCCPSS) does not permit access to or release of confidential information to any individual or agency without the written consent of the student. Student must be of legal age (18 years of age) to receive records without parent/guardian signature. Parents must sign for students under 18 years of age. Parents whose child is over legal age must obtain written permission from the child in order to obtain records. Confidential information cannot be released without student or parent authorization. Transcripts will be released to the person(s), school, or company of whom authorization of release has been received.

_____ / ____ / ____ (____) _____
 Signature of Authorization Date Telephone Number

Transcript Requests:
Currently enrolled students of SCCPSS may request three transcripts at no charge. A fee of \$3.00 will be charged for all subsequent transcripts. Former students or others making request will be charged \$3.00 per transcript. All other items requested will be accessed at .10 per page. (If mailing, a money order or cashier's check with a copy of your picture ID is required).

COMPLETE THE SECTION BELOW

Send Records to:	SAVANNAH STATE UNIVERSITY UPWARD BOUND PROGRAM	Delivered by: <input type="checkbox"/> Mail	<input checked="" type="checkbox"/> PICK-UP
Name/Agency/Institution:	SAVANNAH STATE UNIVERSITY		
Address:	3219 COLLEGE STREET BOX 20488		
City:	SAVANNAH	State:	GEORGIA
Zip:	31404		

SHADED AREA FOR OFFICE USE ONLY

Date Mailed:	Date Picked Up:
Clerk:	Fee/Receipt #:

**SAVANNAH STATE UNIVERSITY
UPWARD BOUND PROGRAM
BOX 20488 ♦ 3219 COLLEGE STREET ♦ SAVANNAH, GEORGIA 31404
(912) 358-3477 ♦ FAX (912) 358-3687**

TEACHER'S RECOMMENDATION

Please give specific reasons for recommending this student to the Upward Bound Program and return to the above address.

Student Name _____ Grade _____ School _____

_____ is / ____ is not being recommended to participate in the Savannah State University Upward Bound Program.

Student's grade point average: _____

High School Curriculum: _____

Does the student intend to pursue post-secondary education? _____ Yes _____ No

If no, why? _____

Intellectual ability and achievement:

How would you rate the student's academic ability and motivation?

	Poor	Below Average	Average	Above Average
Academic Ability	1	2	3	4
Motivation	1	2	3	4

School Attendance: _____ Regular _____ Irregular

Has the student had any social, physical (health), or psychological problems? _____ Yes _____ No

If yes, please explain. _____

Do you foresee any problems the student may have in dormitory living? _____ Yes _____ No

If yes, please explain. _____

Please give specific reason for recommending this student and provide any additional information which will assist us in assessing the student's personal and academic qualities as a potential participant.

Teacher Signature _____

Date _____

Subject you teach student _____

Telephone _____

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UPWARD BOUND PROGRAM
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SSU TRiO Upward Bound Program's Staff

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