

SIGNATURE FORM FOR CONSENTONLINE
APPLICANTS
ONLY

STUDENT: *This form is used to collect additional information and signatures from online applicants. Please complete the form & return to UI-CAMP at:*

MAILING ADDRESS:

COLLEGE ASSISTANCE MIGRANT PROGRAM

875 PERIMETER DRIVE MS 3030, MOSCOW, ID 83844-3030

EMAIL: CAMP@UIDAHO.EDUFAX: (208) 885-5170PHONE: (208) 885-5173

STUDENT NAME: _____ **SOCIAL SECURITY #:** _____ - _____ - _____

CITIZENSHIP: U.S. Citizen

(please check one) Permanent Resident, #: _____ *(Include A-number)*

STUDENT-PARENT TRANSCRIPT RELEASE AUTHORIZATION

I give consent to the associates of CAMP to obtain my (son's/daughter's) academic, financial, medical, and any state and government documents that will help him/her in their admission process/academic evaluation to the University of Idaho and/or CAMP.

I certify that the information on this application is true. If I am accepted to the University of Idaho CAMP, I agree to follow all rules and regulations established by the program. I agree to participate in the academic/support services provided by CAMP to assist me in completing my first year at the U of I.

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____
(If under 18 years of Age)

***THIS FORM IS TO BE TURNED IN BY ONLINE APPLICANTS ONLY**