



Release of Information

Student's Name: _____

School Name: _____

I hereby acknowledge that the student named on this form is an applicant for the In-School Gateway Program administered by Three Rivers Planning & Development District in Pontotoc, MS.

I give permission for _____ to release the name and other required information needed for the above named student to enroll in the Gateway Program. I understand this information is being released to Three Rivers Planning & Development District.

Student's Signature Date

Parent's/Guardian's Signature (if participant is less than 18 years old) Date