



## Student Program Agreement & Media Release Form

Please submit this signed form electronically to [apr.ucr@gmail.com](mailto: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](mailto: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: \_\_\_\_\_



Office of Strategic  
Communications

### 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 \_\_\_\_\_