

# College CrediPlusProgra

permission for the exchange of education records between The University of Akron and my school district.

Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last 4 Digits of \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

X Signature \_\_\_\_\_ Date \_\_\_\_\_

This must be signed in order for application to be complete.

To be signed by parent (or legal guardian) fully understand all the options and ramifications involved with