

**UNIVERSITY OF DELAWARE**  
**ACADEMIC CHALLENGE**  
**RELEASE OF INFORMATION FORM**

I, \_\_\_\_\_  
LAST, FIRST MIDDLE  
COMPLETE LEGAL NAME - PLEASE PRINT

\_\_\_\_\_  
UNIVERSITY OF DELAWARE ID NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MONTH DAY YEAR  
DATE OF BIRTH

I give permission to the University of Delaware to release every grade/academic progress report in every semester/session during my course of study in the Academic Challenge Program.

**RELEASE GRADES TO:**

**MR. STEPHEN P. RUBY**  
ACADEMIC CHALLENGE COORDINATOR

Mr. Ruby will release the grades to the home school.

\_\_\_\_\_  
HIGH SCHOOL NAME

\_\_\_\_\_  
STUDENT SIGNATURE DATE

\_\_\_\_\_  
PARENT SIGNATURE DATE