



## Student Program Agreement & Media Release Form

Please submit this signed form electronically to [uclaapr@gmail.com](mailto:uclaapr@gmail.com), by mail or bring to the first session you attend.

AP Readiness  
1320 Moore Hall  
Box 951521  
Los Angeles CA 90095-1521

If you have any questions, please call James Keipp at (310) 825-1324 or email at [uclaapr@gmail.com](mailto:uclaapr@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: \_\_\_\_\_

# MEDIA RELEASE FORM

**Name of Subject/Contributor (please print clearly):**

\_\_\_\_\_  
**(First Name) (Middle Initial) (Last Name)**

I give my consent to UCLA Center X and the AP Readiness Program to publish my **(self/child/dependent)**'s images and/or work on the Center X Website in the following formats: **(Check all that apply)**

- \_\_\_\_\_ First Name
- \_\_\_\_\_ Last Name
- \_\_\_\_\_ School Name
- \_\_\_\_\_ Photograph

Publication will be used for documentation of my participation within a Center X Event or Academic Program and/or general promotion of a Center X Program and will not be used for commercial purposes.

Any original work contributed by my **(self/child/dependent)** will include a credit with my **(self/child/dependent)** full name. I understand that signing this release does not guarantee publication, simply my consent for publication.

Adults and students over the age of 18 may sign for themselves; a student under 18 must in addition, have this release signed by a parent or legal guardian.

\_\_\_\_\_  
**(Signature of Subject/Contributor) (Date)**

\_\_\_\_\_  
**(Name -- please print clearly) (Phone)**

\_\_\_\_\_  
**(Contact Email -- please print clearly)**

\_\_\_\_\_  
**(Signature of Parent/Legal Guardian) (Date)**

\_\_\_\_\_  
**(Name -- please print clearly) (Phone)**

\_\_\_\_\_  
**(Contact Email -- please print clearly)**