UNIVERSITY OF ILLINOIS AT CHICAGO

Educational Opportunity Outreach Programs:
TRIO (MC 343)
Student Services Building
1200 West Harrison Street, Suite 2720
Chicago, Illinois 60607-7164

Student's Name _____ UIN# _____
Last First

I hereby authorize the release of information regarding my enrollment status, financial aid award, school transcript, copies of any achievement/standardized tests taken, grades, and any other pertinent information to the Support Services Program of the University of Illinois at Chicago.

I understand the Student Support Services Program is a partially funded program by the Department of Education and is required to obtain current and updated information regarding my enrollment status. I understand that this information will be kept confidential and be used to maintain follow-up data and for general reporting to its funding sources.

_____
Signature of Student

_____
Month/Day/Year