

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