



ASU CAMP Scholars

asucamp@asu.edu

I, _____, give the Arizona Department of Education (AZED) Title I, Part C - Migrant Education Program (MEP), permission to release my/my child's MEP participant status and Certificate of Eligibility (COE) to the staff of the College Assistance Migrant Program (CAMP) at Arizona State University (ASU) in Tempe, Arizona.

I understand the purpose of this release of information is to complete my/my child's application packet for the ASU CAMP Scholars program.

I understand that I was informed about the Family Education Rights and Privacy Act (FERPA) during my initial eligibility meeting with the MEP recruiter.

MEP Participant Name: _____ DOB: _____

Parent/Guardian (or participant if 18 or older) Name: _____

Parent/Guardian (or participant if 18 or older) Signature: _____

Date: _____

I, _____, verify the identity of the above-named MEP participant as the person requesting this information.

ASU CAMP Scholar Staff Name _____

ASU CAMP Scholar Staff Signature _____ Date: _____