



LEAD Program for Business
14 East Hartwell Lane
Philadelphia, PA 19118
(215) 753-2490
(215) 753-2495 (fax)
leadsbi@leadprogram.org

YOUR EDUCATION

Name of Applicant

Home Address City State Zip Code

AUTHORIZATION FOR INFORMATION RELEASE:

Applicant needs to sign this form and forward it to their guidance counselor/advisor for completion.

I hereby authorize my high school to release the information requested below.

Student's Signature

Date:

SCHOOL INFORMATION:

This section must be completed by a guidance counselor/advisor.

Type of High School (check one): ___ Public ___ Private ___ Parochial

Current Grade Level

Name of High School:

College Board School Code (six digits):

High School Address: Number & Street City State Zip Code

Class Rank: Class Size: GPA: Scale:

Standardized Test Scores:

PSAT Critical Reading SAT Critical Reading PLAN

PSAT Math SAT Math ACT

PSAT Writing SAT Writing

CERTIFICATION:

I hereby certify that the information I have provided is accurate and true as of the date indicated below.

Name of Counselor/Advisor:

Signature of Counselor: Date:

MAILING INSTRUCTIONS:

Once completed, please send this form along with an official high school transcript and school profile to:

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THIS FORM MUST BE RECEIVED BY MARCH 1, 2010