

SIGNATURE FORM FOR CONSENTONLINE
APPLICANT

STUDENT: *This form is used to collect additional Information and signatures from online applicants. Please complete the form, and return to UI-CAMP at:*

COLLEGE ASSISTANCE MIGRANT PROGRAM
PO BOX 443030 MOSCOW, ID 83844-3030
(208) 885-5173 (PHONE)
(208) 885-5170 (FAX)
CAMP@UIDAHO.EDU (EMAIL)

STUDENT NAME: _____ **SOCIAL SECURITY #:** _____ - _____ - _____

CITIZENSHIP: *(please check one)* U.S. Citizen Permanent Resident, #: _____
(Include A-number)

Other: _____

SIGNATURE FORM FOR CONSENT

I give consent to the associates of CAMP to obtain my (son's/daughter's) academic, financial, medical, and any state and government documents that will help him/her in their admission process/academic evaluation to the University of Idaho and/or CAMP.

I certify that the information on this application is true. If I am accepted to the University of Idaho CAMP, I agree to follow all rules and regulations established by the program. I agree to participate in the academic/support services provided by CAMP to assist me in completing my freshman year at the U of I.

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____
(If under 18 years of Age)

***THIS FORM IS TO BE TURNED IN BY ONLINE APPLICANTS ONLY!**