



Georgia Department of Education

***Richard Woods, Georgia's School
Superintendent***

*"Educating Georgia's
Future"*

I, _____, give the Georgia Department of Education (GaDOE) Title I, Part C - Migrant Education Program (MEP), permission to release my/my child's MEP participant status to the staff of the College Assistance Migrant Program (CAMP) at Valdosta State University, Valdosta, GA 31698.

I understand the purpose of this release of information is to complete my/my child's application package for the CAMP 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: _____

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

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

Date: _____