

Applicant \_\_\_\_\_

School \_\_\_\_\_

Circle discipline(s):

Dance      Literary Arts      Media/Film

Theatre      Visual Arts      Vocal Music

# MISSISSIPPI SCHOOL OF THE ARTS Information Release Form

**Applicant Directions:** Please give a **copy** of this completed form to your high school guidance counselor. The **copy** of this form must be filed in your cumulative record in order for your counselor to release school records, transcripts, standardized test scores, discipline records, and other pertinent information to MSA. Keep this **original** form and send it as part of your application portfolio.

**Counselor Directions:** Please retain a **copy** of this form in the student's cumulative record. Return original to student.

## APPLICANT INFORMATION FORM

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_  
Number and Street or P.O. Box

City State Zip County

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Number and Street or P.O. Box City State Zip Phone

School District: \_\_\_\_\_

**I, the undersigned, request that all school data (transcripts, grades, tests, and discipline records) pertinent to my application to the Mississippi School of the Arts be at the disposal of MSA officials.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**As parent/guardian of the above named student, I grant permission for release of all school information (transcripts, grades, tests, and discipline records) pertinent to my child's application to the Mississippi School of the Arts.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER OF PRIVACY

**In order for recommendations to remain confidential, applicants and their parent/guardian must sign this waiver. The purpose of the recommendations to be placed in this applicant's file is to assist in making admission decisions. Pursuant to the Family Education Rights and Privacy Act of 1974, the undersigned student and parent/guardian waive access to confidential recommendations.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## ASSURANCES

**We certify that the information given within this application is true and accurate. If applicant is accepted for admission by MSA, we agree to adhere to the policies, rules, and regulations now in existence and those that may be established in the future. We understand that the disclosure of false information or failure to disclose requested information will result in disqualification from the admissions process (regardless of acceptance based upon auditions) or dismissal from school after enrollment. The information in this form and other necessary data provided as part of the application process may be used for MSA research purposes.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_