In partnership with Boston University’s Office of Media Relations, BU Academy utilizes the Hometown News Service to share the academic awards and co-curricular accolades that Academy students earn with the communities in which they live.

Student Name: ____________________________________________  BUA Class of 20___
Home Phone: ______________________________________________  Sex:  M  F
Hometown Address: __________________________________________

Neighborhood Name (City of Boston residents only): __________________________

Name of Hometown Newspaper(s): ______________________________

Father’s Name (and address if different): ____________________________
Mother’s Name (and address if different): ____________________________
Sibling(s) Name(s): ____________________________________________

Please list any additional information (e.g. awards, interests, hobbies, outside activities or affiliations):
_________________________________________________________________
_________________________________________________________________

*Under the provisions of the 1974 Family Educational Rights to Privacy Act, I authorize the Boston University Office of Media Relations to release the information above, and subsequent information obtained by future questionnaires, to the publications named above as well as to other appropriate publications. I authorize any of the publications to publish this information. I also understand that I may change this information at any time and may consent to its release at any time.*

Student Signature ____________________________ Date __________

Parent Signature ____________________________ Date __________

BY SIGNING THIS RELEASE, YOU HEREBY GRANT BOSTON UNIVERSITY ACADEMY PERMISSION TO PUBLICIZE YOUR CHILD’S ACCOMPLISHMENTS DURING THEIR TIME AT THE ACADEMY.