

## YES! I WANT TO BE AN ASAP! MEMBER!

Name

Signature

Address

City/State/Zip

Home Phone

Cell Phone

Major

E-mail

Student ID #

By signing this form, you agree to disclose your education records for the purpose of participating in the ASAP! Program. We will monitor your academic progress while you are a participant in the program. Your progress will also be documented for educational purposes, such as longitudinal research studies.

ASAP! Coach Signature