

# Child Care WAGE\$<sup>®</sup> Project

## Permission Form

I give the Child Care WAGE\$<sup>®</sup> Project permission to access my transcript and/or grade report at this time from the school listed below. I understand that I must submit a permission form each time I wish to submit grades in order to authorize WAGE\$ to obtain the information or I may email my WAGE\$ counselor and provide this same information. My signature here indicates that my email should be accepted in the future should I choose to provide information in that way. WAGE\$ staff will not download my grades without my approval.

### Please print the following information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

Semester(s) You Want Us to Access: \_\_\_\_\_ OR complete transcript: \_\_\_\_\_

Website Address to Obtain Grades: \_\_\_\_\_

LOGIN: \_\_\_\_\_ PASSWORD: \_\_\_\_\_

Special Instructions (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

### Please return to:

Child Care WAGE\$<sup>®</sup> Project  
PO Box 901  
Chapel Hill, NC 27514  
Fax: 919-967-2945

