



Please fill out **ONE** of the boxes below and return it with your registration packet. You must fill out one of the boxes.

If you would like to release your ISP to URR, please fill out this box!

I, _____, give the Portage County Board of DD permission to release my ISP to the URR program for the 2017-2018 URR year.

Participant Signature

Guardian signature

if you are not your own guardian, your guardian must sign this form.

If you do not want to release your ISP to URR, please fill out this box!

I, _____, do not release my ISP to the URR program.

Participant signature

Guardian signature