

UBMS PARTICIPANT

Date: _____

Information and E-Mail Update Form

Participant, we are in need of some updated information from you, please complete and return to the UBMS office:

Name: _____

Address: _____
(Include street, city, state and zip)

Home Phone: _____ E-mail: _____

Alternate Phone/Email: _____

High School Name: _____ Current Grade: _____

HS Counselor Name: _____

Counselor Phone: _____ E-mail: _____
(UBMS will need to share your achievements in the program with your school)

Parent/Guardian: _____ E-mail: _____

Parent/Guardian: _____ E-mail: _____
(UBMS will send important parent information and the eNewsletter via email if available)

Computer Access:

I have access to a computer and the internet at my home: Yes ___ No ___

I do not have a computer at home, but I have access to a computer and the internet at (*check all that applies*):

School ___ Public library ___
TRIO Program ___ Other ___

**RETURN FORM TO: University of Texas at Arlington, UB Math & Science,
P. O. Box 19356, Arlington, Texas 76019**