

Permission Form

Carefu	lly read and complete the information below.
I (We)	give permission Name of parent(s)/guardian(s)
	Name of parent(s)/guardian(s)
for	to participate in the Science and Technology
Entry l	Program (STEP) at SUNY Morrisville. This form grants permission for the following:
•	Collect school reports e.g. transcripts, report cards, attendance records, recommendations from a math or science teacher or guidance counselor standardized test scores etc
•	Share student name and contact information with other CSTEP programs and college/university admissions offices.
•	Field trips to conferences, college/universities, local exhibits, etc
•	Photo release for program promotions.
•	This authorization shall remain in effect for the period that my child participates in STEP.
Parent	t's/Guardian's Signature:
Date:_	
Parent	t's/Guardian's Signature:
Date:_	

Return to: