

2015–16 SOUTH CAROLINA JUNIOR SCHOLARS PROGRAM
Parental Permission to Release Information to Colleges and Universities

The SC Public Charter School District and _____ (school) have my permission to release to the South Carolina Department of Education (SCDE) my son's/daughter's name, address, and PSAT/NMSQT scores and Duke TIP information. I understand that the SCDE will forward this information only to participating South Carolina colleges, universities, and the Governor's School for Science and Mathematics who will offer 2015/16 summer enrichment opportunities for identified Junior Scholars. Additionally, I am aware that this form must be signed and returned to the school's Junior Scholar Coordinator by the deadline for my son/daughter to receive information regarding the summer programs.

Signature of Parent or Legal Guardian _____

Student Name _____

Street Address _____

City _____

State _____

Zip _____

This form must be retained in the school office.
Please return it to your local school office.
Do not send to SCDE.