



Dear Parent of SciGirls Camp Applicant:

To protect the identities of all of our 18 and younger participants at the Magnet Lab, we are asking that you read and sign the following document.

I _____, have reviewed my child's application and give my consent to the review of this application by the camp selection committee. I understand that if I do not sign below, my child's application is not applicable for review.

Please enter your child's name and sign below if you give consent for your child's application to be reviewed

Your child's name: _____

Your signature: _____ Date: _____

This signed document can be returned in any one of the following ways:

1. By Mail:

Attention: Carlos Villa
National MagLab
CIRL Office – SciGirls Summer Camp
1800 East Paul Dirac Drive
Tallahassee, FL 32310

2. Scanned and returned by email to villa@magnet.fsu.edu