UC Davis C-STEM Center MEDIA RELEASE FORM

2017 C-STEM Day
Saturday May 20, 2017

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__________________________________________________________________________
Name of School or College

__________________________________________________________________________
Name of Teacher

__________________________________________________________________________
Last Name, First Name, M.I.

__________________________________________________________________________
Grade

__________________________________________________________________________
Signature of Student

__________________________________________________________________________
Date

If under 18, consent must be given by parent or guardian: I represent that I am the parent/guardian of the above named student, and I give my permission on his/her behalf.

__________________________________________________________________________
Signature of Parent/Guardian

__________________________________________________________________________
Relationship

__________________________________________________________________________
Date