

# UC Davis C-STEM Center MEDIA RELEASE FORM

2016 C-STEM Day  
Saturday May 21, 2016

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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