

Student Name: _____ School: _____

Grade: _____ Current Math Course: _____

Emergency Phone: (____) _____ Contact Email: _____

Gender: _____ Female _____ Male

Ethnicity: _____ Asian _____ Black _____ Hispanic _____ White _____ Other (specify)

Parent/Guardians(s): _____

CONSENT TO RELEASE INFORMATION

It is necessary to quantitatively evaluate the effectiveness of our program. In order to track student improvement, we use the mathematics grades and standardized test scores of each participant throughout the academic year. For assessment purposes, students will be identified by a number. At no time will your child's name be released to any outside party.

_____ For this purpose, I AGREE to allow Alachua County Public School System to provide information concerning my child's academic performance in mathematics to the University of Florida College of Engineering.

_____ I DO NOT AGREE to release my child's grades or test scores to the University of Florida College of Engineering.

Parent/Guardian Signature: _____ Date: _____

Please cut along dotted line.