

**FAME, INC.,**

<http://www.famedelaware.org/>



**Forum To Advance Minorities In Engineering  
PARENTAL RELEASE FORM**

Application and required forms are due by **April 18, 2011**

Please Print or Type

**Parental Release Information**

Date:	
Student Name (Last, First, Middle):	
Address (Street Name):	
Address (City, State, Zip):	
Phone Number:	

As the Parent of \_\_\_\_\_ (Print name of Student)

I \_\_\_\_\_ (Printed name of Parent/Guardian) authorize school and college personnel to release all information pertinent to the referral of my child to the FAME Program. It is my understanding that this information shall include: a copy of my child's most recent report card, a copy of my child's most current attendance record, recommendation form(s) from a teacher or guidance counsellor, and a copy of my child's most recent standardized test scores (where applicable). This statement will stand throughout the time period that my child is a participant in the FAME Program and college.

Parent/Guardian Signature:		Date:	
Student Signature:		Date:	

**Waiver/Photograph Release**

I authorize FAME to use photos, and or other likeness' of myself and or my child or the child for whom I have legal guardianship for any promotional materials regarding FAME programs, facilities, or services. Such likeness' will not be sold to other parties. Promotional materials bearing these likenesses may be distributed for free to the public and posted on the FAME website. FAME reserves the right to use any photo or likeness for a time period beginning when this form is signed and ending upon written request of participant, parent or legal guardian.

In order to comply with the rules and regulations of taking such photos of your child, as a parent or legal guardian, your permission must be given for said photos to be taken of your child.

Please sign below authorizing your child to be photographed during participation in FAME. You are not obligated to do so.

**Please circle one of the options below.**

**Yes, my child may be photographed.**

**No, my child may not be photographed.**

Parent/Guardian Signature:		Date:	
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