Dear Parent of Middle School Mentorship 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 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 by scanning or photographing the document and returned by email to [villa@magnet.fsu.edu](mailto:villa@magnet.fsu.edu).

Thank you,



Carlos R. Villa