



Florida State University

1800 East Paul Dirac Drive

Tallahassee, Florida 32310

nationalmaglab.org

Dear Parent of MagLab Camp AMP 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 camp 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 email to villa@magnet.fsu.edu

Carlos R. Villa, K-12 Education Outreach Coordinator

850.644.7191 | A solid blue triangle pointing upwards and to the right, positioned to the right of the phone number.