



### NASA MUREP AEROSPACE ACADEMY PROGRAM @ ECSU

I give permission for \_\_\_\_\_ to participate in the NC-MSEN NASA MUREP Aerospace Saturday Academy Program; for program staff to obtain information about his/her academic performance from schools, school districts, the State Department of Public Instruction and colleges, whether or not he/she continues in the program; to use his/her photo in NC-MSEN publications; and to share his/her address with college and employer representatives. My signature also attests that I agree to all of the program's provisions and requirements. The student's signature indicates that he/she also agrees to these provisions and requirements.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Attending

\_\_\_\_\_  
Grade