



SATURDAY ACADEMY PARTICIPATION AUTHORIZATION

I _____, father, mother or tutor of the student
_____ with the Social Security Number
_____, hereby authorize him/her to participate in the **Student Research
Development Center (SRDC)**, every Saturday, 8:00am-12:00noon starting
_____ and ending on _____ with the Pre-
College Research Symposium.

I understand that my responsibility is to take to the university and pick up my
son/daughter at the hour stated here and in the agenda.

Signature _____
(father, mother or tutor)

Tel: _____

Date _____

I authorize the Caribbean Computing Center for Excellence to publish any pictures or
visual material related to my work in the Academy.

Signature _____
(student)

Tel: _____

Date _____