

SECTION III. To be completed by student and parents.

The information contained herein is true and accurate. If the applicant is accepted for admission to the Regional Center for Oklahoma School of Science and Mathematics, we agree to adhere to the rules and regulations of OSSM and CVTC. We also agree to permit the information in this application and in other records used to apply to OSSM to be made available on a confidential basis to the student's home school, other educational institutions, and for other purposes pursuant to the Family Educational Rights and Privacy Act of 1974, as amended, and applicable regulations.

RELEASE OF CONFIDENTIAL INFORMATION

We, the parents of the applicant, hereby consent to the release of this application to the OSSM review committee. We understand that the review committee is designed to ensure fair representation of students from across the CVTC district. The review committee is comprised of individuals appointed by sending school districts for the specific purpose to review all applications of prospective students so as to recommend the students that are best qualified to attend the school. We understand further that this release to the review committee will not allow any other person not otherwise privileged to review this application to have access to it.

We understand that a decision not to sign this release will not affect consideration by the school or our child's application. By our signatures below, we indicate that we have read this release, understand it, and agree to the terms contained in it.

AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational Rights and Privacy Act of 1974, the undersigned hereby consent to the release of all education records about the below named applicant to the Oklahoma School of Science and Mathematics, including recommendations and such other information as may be requested.

PARENT RELEASE /APPROVAL

I do hereby grant permission for my son/daughter to be examined and treated by qualified medical personnel in an emergency situation.

Signature of Parent / Legal Guardian

Date

Signature of Student

Date

If you do not want your student's information, including photographs and new releases to be published, please send written notice.