

CONSENT FORM

Permission to Send Transcript

We cannot process this request without your signature. A written request must be received from the student allowing release of a transcript. We are unable to accept telephone requests.

I understand and acknowledge that the Robinson Center will print an unofficial copy of my Summer Program transcript and sent to the school listed below.

Child's Name: _____

Class: _____

I hereby authorize the Halbert & Nancy Robinson Center for Young Scholars, University of Washington, to send a Summer Program transcript to the following school:

Name: _____

Attn to: _____

Address: _____

City, State, Zip: _____

Signature: _____

Relationship to child: _____

Date: _____