



## PARENTAL PERMISSION TO RELEASE ACADEMIC INFORMATION

Dear Parent:

The Miami Museum of Science wishes to conduct a study of the Educational Opportunity Programs that your child has been accepted into. The purpose of this study is to determine the effectiveness of Museum programs in improving your child's academic grades and test scores while increasing their interest and achievement in the sciences. In order to conduct this study, the Museum needs to collect data from your son/daughter's current and future academic records. With your permission, the Museum will collect information about your child's course selection and grades, SAT scores, ACT scores, AP exam scores, scores on the FCAT, free lunch program participation, post-secondary plans, high school enrollment and graduation rate. This form will also enable us to continue to track their achievements at any Florida college, university or community college.

If you have any questions, please contact the Director of Educational Opportunity Programs at the Miami Museum of Science, who is responsible for the study:

Jennifer Fields  
Miami Museum of Science  
3280 S. Miami Ave  
Miami, FL 33129  
(305) 646-4254  
jennifer@miamisci.org

To indicate your consent or refusal, please complete **one** of the statements below and mail this form to the above address in the postage-free envelope provided.

**Yes, I, \_\_\_\_\_, grant permission** for the Miami Museum of Science  
Name of parent or guardian  
to collect academic data about my son/daughter, \_\_\_\_\_.  
Student's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OR

**No, I, \_\_\_\_\_, do not grant permission** for the Miami Museum of  
Name of parent or guardian  
Science to collect academic data about my son/daughter, \_\_\_\_\_.  
Student's name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date