



the stars  
challenge

inspiring future innovators

Please sign and give this release form to your **Science** teacher so that they can provide The Stars Challenge program with a verbal recommendation for you. Without this release we will be unable to speak with your teacher to obtain a recommendation.

Dear \_\_\_\_\_:

We give you permission to talk to a representative of The Stars Challenge regarding a recommendation for me to attend The Stars Challenge science enrichment program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Please sign and give this release form to your **Math** teacher so that they can provide The Stars Challenge program with a verbal recommendation for you. Without this release we will be unable to speak with your teacher to obtain a recommendation.

Dear \_\_\_\_\_:

We give you permission to talk to a representative of The Stars Challenge regarding a recommendation for me to attend The Stars Challenge science enrichment program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_