ATTACHMENT 2: SCHOOL FORM



To Whom it May Concern:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of student), a student at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of school), located at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(school address), would like to participate in the Summer Research Program, a part of the Saturday Morning Science program at Baylor College of Medicine, for the summer of 2019.. I understand that said student will be working in a research lab under the direction of a Principal Investigator at Baylor College of Medicine.

I approve of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s (name of student) participation in this research program, and I attest that their participation will not detract from or interfere with the student’s regular course of studies.

Name of school official completing document:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role of school official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of school official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ Please affix school stamp or seal in the designated space below: