

2025–26 SOUTH CAROLINA JUNIOR SCHOLARS PROGRAM

Parental Permission to Release Information to the Governor's School, Colleges, and Universities

_____ School District/Private School/Association has my permission to release to the South Carolina Department of Education (SCDE) my son's/daughter's name, address, and PSAT/NMSQT scores. I understand that the SCDE will forward this information only to participating South Carolina colleges, universities, and the Governor's School for Science and Mathematics who may offer 2025/26 summer enrichment opportunities for identified Junior Scholars. Additionally, I am aware that this form must be signed and returned to the district's/school's/association's Junior Scholar Coordinator by the deadline for my son/daughter to receive information regarding the summer programs.

Signature of Parent or Legal Guardian _____

Student Name _____

Street Address _____

City _____

State _____

Zip _____

This form must be retained in the school district/private school/association office.

Please return it to your local school or association office.

Do not send to SCDE.