

**Parental Permission for PSAT/NMSQT Administration  
2022-23 School Year**

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\_\_\_\_\_ School District/Private School/Association has my  
permission to administer the PSAT/NMSQT to my son/daughter who is participating in the  
South Carolina Junior Scholars Identification and Development Program.

Signature of Parent or Legal Guardian \_\_\_\_\_

Student Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

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