

Print Name

School Records Request Form for:

□Mission Engineering □Energy of STEM □Project Payload

	• •	_	-	nformation below and g so that the registrar can	-	
Name of Student			Grade			
School				Date of Birth		
I hereby grant perm	ission to the release o	of the informatio	n that this form is	requested of my chil	d.	
Signature of Parent or Guardian				Date		
Dear School Registr	ar:					
My child is applying of official transcripts		mmer program. P	lease email or send	this completed form a	and a copy	
	Viterbi STEM Educa	versity of Souther tional Outreach Pa O McClintock Ave os Angeles, CA 90 daring@usc.o	rograms – Summer e., RTH 210 0089-2901	· Programs		
	lude a copy of the mos	-		g the information belov ls.	<u>v on</u>	
_	form as soon as possevaluated on a rolling			. Please note, complet	ted	
The school registra	r or appropriate adm	iinistrator must o	complete the follow	wing:		
Does this student rece	eive FREE or REDU	CED lunch?	☐ Yes	□ No		
If yes, which?	Free Lunch	Redu	ced Lunch			
Signature of School Registrar or Appropriate Administrator				Date		

Title

Phone Number