



**Release Form
Summer Learning Place 2009
Furman University**

The school has my permission to send information concerning my child's educational progress to Furman University.

Name of Student: _____

Name of School: _____

Name of Parents: _____

Home Address: _____

Telephone Number (daytime): _____

Telephone Number (evening): _____

Parent/Guardian Signature: _____ **Date:** _____

Mail Release Form by May 22 to: Dr. Shirley A. Ritter, Director
Summer Learning Place
Education Department
Furman University
Greenville, SC 29613-1134

