



## Southern Ohio Youth Regents STEM & Foreign Language Academy

### PERMISSION TO COMPLETE UNIVERSITY COURSE REGISTRATION

This purpose of this form is to allow the Southern Ohio Youth Regents STEM and Foreign Language Academy to complete a university registration form on behalf of student participants for the course(s) they will be taking during the summer and academic year. This will allow us to register student participants for their college courses in a timely manner. **Please correct any information if necessary or provide incomplete information as needed. Return the completed, signed form to the address below no later than May 20, 2009.**

**STEM Academy Student Name:**

**Address:**

**City, State, Zip:**

**Home Phone:**

**Social Security No:**

**Important! If any of the above information is missing or incorrect, please add or correct it. We MUST have a student's social security to register them for a college course.**

I, \_\_\_\_\_, do hereby give permission for the Southern  
Parent/Guardian **PRINTED** Name

Ohio Youth Regents STEM and Foreign Language Academy to complete University course  
registration forms on behalf of my son/daughter \_\_\_\_\_  
as long as they remain a participant of the program.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**Please return this form no later than May 20, 2009 to:**

Judy Meeker, Project Director  
STEM & Foreign Language Academy  
Shawnee State University  
940 Second Street  
Portsmouth, OH 45662  
**FAX: 740.351.3598**