



**FLORIDA STATE UNIVERSITY  
PRE-COLLEGIATE PROGRAMS  
2022-2023**

**PARENT/GUARDIAN SECTION:**

Please review this application to be sure that *everything* is filled in and correct.

I hereby certify that all information provided in this application to the FSU is complete, correct, and true to the best of my knowledge. I understand that the information provided will be used to determine eligibility, is subject to external verification by federal and state officials and may be released to that entity only for such purposes.

I hereby authorize the school that my child attends to release the following information to FSU staff: a) Report Cards, b) Official Transcripts, c) Test Scores, d) Progress Reports, and e) Behavioral Referral Reports. I also consent for FSU representatives to conduct school visits with my child to monitor their academic progress, and to meet with my child during their non-academic period.

I agree to fully support and encourage my child in his/her efforts to complete high school, attend college, and obtain a college degree. I will also attend meetings and other events as requested by the program and encourage my child to remain active in the program. I also grant permission for FSU to photograph and/or record my child, and hereby release FSU and its partners from any liability by virtue of use of said media.

I hereby consent, declare and represent, as evidenced by my signature below, that I am on notice that Florida State University has no medical, health, or hospitalization insurance to cover my minor child in the event of accident, injury, illness, or death, and hereby specifically release and hold harmless Florida State University, the Florida State University Board of Trustees, the State University System Board of Governors, my students' school/school district, FSU representatives, FSU partners, and any and all agents, representatives, and personnel of any of the aforementioned entities and groups from all risks, liabilities, and responsibilities for all accidents, injuries, illnesses, damages, or property losses arising during activities or therefrom. Furthermore, I acknowledge that it has been strongly recommended to me that I obtain health, medical, and/or hospitalization insurance for my minor child prior to participation in pre-collegiate activities. I attest that all information is complete and accurate.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**STUDENT SECTION**

I would like to participate in the Florida State University Pre-Collegiate Programs and receive the free services.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_