



ANA G. MENDEZ UNIVERSITY SYSTEM  
STUDENT RESEARCH DEVELOPMENT CENTER  
Universidad Metropolitana



**AGMUS INSTITUTE OF MATHEMATICS  
Caribbean Computing Center for Excellence**

## **SATURDAY ACADEMY PARTICIPATION AUTHORIZATION**

I \_\_\_\_\_, father, mother or tutor of the student  
\_\_\_\_\_ with the Social Security Number  
\_\_\_\_\_, hereby authorize him/her to participate in the Saturday Academy  
Program, every Saturday, 8:00am-12:00noon starting \_\_\_\_\_  
and ending on \_\_\_\_\_ with the Pre-College Research Symposium.

I understand that my responsibility is to take to the university and pick up my  
son/daughter at the hour stated here and in the agenda.

Signature \_\_\_\_\_ Tel: \_\_\_\_\_  
(father, mother or tutor)

Date \_\_\_\_\_

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I authorize the Student Research Development Center to publish any pictures or visual  
material related to my work in the Academy.

Signature \_\_\_\_\_ Tel: \_\_\_\_\_  
(student)

Date \_\_\_\_\_