EXXONMOBIL
BERNARD HARRIS SUMMER SCIENCE CAMP at UCF 2008
REQUEST FOR LEAVE

Date_____

I hereby request permission for _____
Please Print: Child's Name (First, Middle, Last)

to leave campus _____ _____ _____ until
Day Date Time

_____ _____ _____
Day Date Time

for the following reason:

_____

_____

_____

I can be reached at _____
Telephone Number

The above named student will be picked up by_____
Name (please print)

_____
Signature of parent/guardian making request

APPROVED:_____DATE:_____

DISAPPROVED:_____DATE_____

Released to:_____
Signature of Person Picking Up Camper

Note: A parent/guardian of the camper will be called to verify that the person named has their approval to pick up the student.