

**COLUMBIA UNIVERSITY**  
**COLLEGE OF DENTAL MEDICINE**  
**SCIENCE & TECHNOLOGY ENTRY PROGRAM**

**PARENTAL RELEASE FORM**

As the parent/guardian of \_\_\_\_\_  
Student's Name

residing at \_\_\_\_\_  
Address

I authorize school and college personnel to release all information pertinent to the referral of my child to the Science and Technology Entry Program (STEP). It is my understanding that this information may include:

- ◆ a copy of the most recent report card,
- ◆ a copy of the most recent attendance record,
- ◆ a copy of a recommendation from a math or science teacher or guidance counselor and/or a copy of recent standardized test scores.

This authorization will remain in effect for the period that my child participates in STEP.

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

Date \_\_\_\_\_

Application materials should be mailed to

**STEP**  
**College of Dental Medicine**  
**Columbia University**  
**630 W. 168<sup>th</sup> St./P & S Box 20**  
**New York NY 10032**