

TOP-SECRET Declassification Release Form

Submitted by: \_\_\_\_\_

Signature: \_\_\_\_\_

School Name: \_\_\_\_\_

Information permitted to be released to the public. Please check all that are permitted.

First Name

Last Name

School Name

Address is for our records and in case we need to contact you. It will not be published.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Email address

If you are under 18 years old, a signature of a parent, or guardian is required to publish your declassified results.

Name (please print): \_\_\_\_\_

Name (signature): \_\_\_\_\_

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

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