



Today's Date: \_\_\_\_\_

To: Center for Science and Engineering Education  
Lawrence Berkeley National Laboratory  
One Cyclotron Road, MS 7R0222  
Berkeley, CA 94720

**Re: Parental Authorization for Student Research Activity**

As the legal guardian for the student named below, I authorize his/her participation in the BLIPS program hosted by Susan Brady, CSEE Department Head, as an affiliate student intern of Lawrence Berkeley National Laboratory (LBNL).

I authorize the student named below to participate as an affiliate student intern during summer recess, from \_\_\_\_\_ through \_\_\_\_\_. He/She will have variable hours, averaging 40 per week, between 8:00 am – 5:00 pm, Monday through Friday. I understand that this schedule may vary and may include hours beyond 5:00 pm and, at times, program participation may occur on a Saturday or Sunday. LBNL will notify me in advance for my approval. I also understand that there will be supervision at all times.

Student Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

cc: BLIPS@lbl.gov