



**Council of Presidential Awardees in Mathematics
Student Honor Roll Recognition Release**

I, _____, do hereby give the nonprofit professional organization, Council of
PRINT STUDENT'S NAME

Presidential Awardees in Mathematics (CPAM), permission to publicly recognize me as a member of CPAM's *Presidential Award Student Honor Roll* – a distinction awarded to me by my mathematics teacher. I understand that this public recognition will always be limited to publication of my first and last name, school, school's city and state, grade level, mathematics teacher's name, and the year I was chosen for the *CPAM Student Honor Roll*. All or part of this information will be posted on the CPAM website (<http://cpam.teachersdg.org>), and may possibly be included in one or more issues of the *CPAM Newsletter*, a document that is published regularly and distributed to members of CPAM.

I understand that neither my home address nor phone number will be distributed by CPAM to another entity for any reason, and no such personal contact information will be included with any publication of my name by CPAM.

I have read the foregoing release and fully understand its contents.

Student Signature

Date

I am the parent or guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing.

Parent or Guardian Signature

Parent or Guardian Name (please print)

Date

Address

Phone



**Council of Presidential Awardees in Mathematics
Student Honor Roll Recognition Information**

This certifies that I, _____, am a CPAM member and I have recognized the following student as a member of the *CPAM Student Honor Roll*. Please find attached a copy of the student's *Student Honor Roll Recognition Release* form, completed and signed by both the student and her/his parent or guardian.

Student Name: _____

Student Grade Level: _____

School: _____

School City and State: _____

Date the *CPAM Student Honor Roll Recognition* was awarded: _____

Student's Mathematics Teacher (*if not the CPAM member named above*): _____

CPAM Member's Signature

State and Year of CPAM Member's PAEMT

CPAM Member's E-mail

Date

Please send this document and the completed and signed *CPAM Student Honor Roll Recognition* release form to:

Teachers Development Group
ATTN: Linda Cooper Foreman
1715 Willamette Falls Drive, Suite 200
West Linn, OR 97068