



**Teachers and High School Students Program (TAHSS)
STUDENT AND PARENT/GUARDIAN APPROVAL**

I, _____, authorize my high school to release information concerning my academic status to Tufts University School of Medicine (TUSM) in support of my application to the Teachers and High School Students Program (TAHSS). I understand this application and supporting materials will be reviewed by the TAHSS committee.

I hereby certify that the information given on this application is complete and accurate.

Student Signature

Date

My son/daughter, _____, has my permission to participate in the Teachers and High School Students Program (TAHSS) at Tufts University School of Medicine (TUSM).

_____ Parent/Guardian Name

_____ Parent/Guardian Signature

Date _____