STUDENT RELEASE

Project: **American Academy of Forensic Sciences Student Academy**
Session Tuesday, February 16, 2027

Location: **Rosen Shingle Creek Hotel**
9939 Universal Blvd
Orlando, FL 32819

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_____
Student Name (Please Print)

_____
Student Signature **Date**

_____
Parent Name (Please Print)

_____
Parent Signature **Date**

____ My child will attend the 2027 AAFS Student Academy; however, I elect not to have him/her photographed or interviewed. I understand that he/she will be provided a separate identifying label to wear which states “No Photos/Interviews.”

While the Academy will make every effort to accommodate most food-borne allergies or dietary preferences*, the facility may or may not be able to address all categories. Please provide specific requests on the line below (including vegetarian or vegan preferences):

Food Allergies: _____

***Options for allergy/preference choices submitted after January 8, 2027, may or may not be accommodated.**

This signed release will be archived at the AAFS office located in Colorado Springs, CO.

American Academy of Forensic Sciences
410 North 21st Street, Colorado Springs, CO 80904

(719) 636-1100