

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the attached

 (name of school liason) (name of participating high school)

letter regarding guidelines used in distributing a CAPP TitanCard ID card.

By signing below, you are confirming that you will check a valid government issued form of ID for the student(s) that CAPP cards have been requested for. CAPP cards will not be issued to participating high schools until this release has been received by Titan Central.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature) (Date)

Please return this release to:

Titan Central

748 Algoma Blvd

Oshkosh WI 54901

Or fax to:

920.424.2122 Attn: Shirin Skifstad