

Hampton University  
Educational Talent Search  
Academy Building, 2<sup>nd</sup> Floor  
Hampton, Virginia 23608  
(757) 727-5607 (Telephone)  
(757) 728-6734 (FAX)

***INTENT TO WITHDRAW***

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

It is my intention to withdraw my child/children from the ETS program sponsored by Hampton University. I understand that all information provided while in the program is the property of ETS, and will continue to be used as required by the guidelines set up by the Department of Education. I further understand that withdrawing from the programs prohibits my child/children from participating in any of the activities or supplementary programs offered by ETS. Should I desire to re-enroll my child/children, I understand that I may have to be placed on a wait-list.

ETS would like to serve all of its families better. Please briefly explain why you are withdrawing from the program:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_