



<b>WHAT SEMESTER ARE YOU APPLYING FOR</b>	
SUMMER:	<u>20</u>
FALL:	<u>20</u>
SPRING:	<u>20</u>

# CONSENT FORM

**Student Name:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

**Guidance Counselor:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I, \_\_\_\_\_, certify that I am the parent/guardian of the student named above and I am aware that  
Print Name of Parent/Guardian

and I am aware that he/she is participating in the City University of New York (CUNY) College Now Program which is an instructional activities program taking place at Medgar Evers College (MEC), located at 1650 Bedford Avenue, Brooklyn, New York 11225. I am aware that my child's course(s) will take place once/ twice a week, after school. If the course takes place on MEC campus, I understand that my child may travel to the college site by various forms of public and private transportation. I understand that some courses may require field trips. I also understand that there may be risks involved in my child's departure from his/her home or school without adult supervision, and I assume those risks on behalf of my child and myself.

\* I give permission for The City of New York (CUNY) to use my child's image or photograph, name, high school affiliation; and/or written and /or recorded oral statements made in or about College Now, solely for the purposes of increasing awareness of the College Now program for other city students through CUNY's non-commercial purposes, including promotion of the College Now program and use on CUNY-TV and cuny.edu, in any manner of media, now and in the future, throughout the world.

\_\_\_\_\_  
**Print Name** of Parent/Guardian                      **Signature** of Parent/Guardian                      **Date:** \_\_\_\_\_

**Parent Email Address:** \_\_\_\_\_

**Parent Cell:** \_\_\_\_\_ **Work:** \_\_\_\_\_

*In case of an emergency, please provide two (2) contact persons over the age of 18 with valid phone numbers: **Information should be PRINTED.***

**1. Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**2. Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*If student is over the age of 18, they may sign this application; parental consent/signature not required.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_