Parent/Guardian Notification and Consent
(Please note: An alternate form is available for students who are eighteen or older)

I am aware that ___________ is participating in the City University of New York College Now program and the instructional activities will take place (_________) at John Jay College of Criminal Justice, located at 524 West 59th Street, NY, NY 10019.

My child is registered for ____________________________ course(s) ____________________________ day(s)

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<th>time</th>
<th>starting month/day/year</th>
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If the course takes place at a CUNY college, I understand that my child may travel to the college site by various forms of public and private transportation. I 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.

To help increase awareness of College Now for other city students, I give permission for The City University 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

Soely for CUNY’s non-commercial purposes, including promotion of the College Now program and use on CUNY TV and cuny.edu, in any manner or media, now and in the future, throughout the world.

If for any reason your child cannot continue to attend this course, it is his/her responsibility to contact and inform the College Now office in order to go through a formal drop procedure. Failure to do so may lead to a permanent failing grade on his/her college transcript.

Please contact me regarding activities for parents/guardians of College Now students.

Signature of parent/guardian ____________________________ Date ____________________________

Print name of parent/guardian ____________________________ Home telephone ____________________________

Cellular and/or work phone ____________________________ Email address ____________________________

Name of emergency contact ____________________________ Emergency contact telephone ____________________________

I consent to the use of my image or photograph, name, high school affiliation, and/or written and/or recorded oral statements made in or about College Now as described above.

Signature of student ____________________________ Date ____________________________

Student Print Name ____________________________ Student Signature ____________________________