



I		is participating in the	City University of
	student print name program and the instructional ac	tivities will take place (	) at
John Jay College of C	Criminal Justice, located at 52	4 West 59 <sup>th</sup> Street, NY, NY	<mark>č 10019</mark> .
I am willingly registered		day(s)	
	course	uay(s)	
time	starting month/day/year	ending mon	th/day/year
If the course takes place at a CUNY college, I understand that I may travel to the college site by various forms of public and private transportation. I understand that there may be risks involved my departure from home or school without, and I assume those risks myself.			
The City University of • image or photo • name, • high school aff	areness of College Now for oth of New York (CUNY) to use my ograph, iliation, <i>and/or</i> recorded oral statements made in		rmission for
	ommercial purposes, including pro NY TV and cuny.edu, in any manne vorld.		Yes □ No□
Name of emergency con	tact	Emergency contact tele	ephone
I consent to the use of m	y image or photograph, name, high	h school affiliation, and/or w	ritten and/or

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

Student Print Name

Student Signature

Date