



## Urban Alliance Parent/Guardian Approval and Release

Parental/Guardian support will be an important part of the Urban Alliance program. ***Your signature is required for your student to apply for an Internship and for Urban Alliance to acquire your student's college attendance records from the National Student Clearinghouse.***

If selected for our **High School Internship Program**, s/he will work after school on Monday through Thursday from 2:00pm to 5:00pm and attend professional development workshops on Fridays. In addition to the commitment during the school year, s/he will work full-time Monday through Thursday (9am-5pm) during the summer. S/he will also be required to participate in several Urban Alliance activities including, but not limited to, workshops every Friday during the summer.

I \_\_\_\_\_ (print name), as legal parent/guardian of \_\_\_\_\_ (print student's name) hereby authorize him/her to participate in the aforementioned activities. I agree to allow any representative of Urban Alliance to obtain his/her college attendance records from the National Student Clearinghouse. I certify that the information filled out on the previous pages is correct to the best of my knowledge.

I understand that my student's internship opportunity may be terminated at any time if s/he is unable to abide by Urban Alliance policies or demonstrates inadequate performance at the job site. I understand that Urban Alliance promotes self-sufficiency; therefore, primary communication must be held between my student and his/her Program Coordinator.

I also understand that my student's internship opportunity may be terminated if I contact his/her jobsite and/or Mentor directly regarding any issues and/or concerns. Furthermore, I understand that my concerns must be directed to my student's Program Coordinator and/or the Urban Alliance team, as my student is employed by Urban Alliance. I acknowledge that it is prohibited to contact mentors or jobsites directly as a matter of Urban Alliance policy.

Please select one:     **YES, I agree**         **NO, I do not agree**

**In addition, I authorize Urban Alliance or its designees to take and use photographs, audio/visual recordings, quotes, or stories of my student or their experience with Urban Alliance publicly in any form (including, but not limited to, marketing, communications/public relations, and media (traditional and social)) in support of our program.**

Please select one:     **YES, I agree**         **NO, I do not agree**

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Daytime phone # (\_\_\_\_) \_\_\_\_\_

Evening phone # (\_\_\_\_) \_\_\_\_\_

Comments or Concerns: