



Urban Alliance Approval and Release

Dear Parent or Guardian,

We are excited your student is applying for the Urban Alliance High School Internship Preparatory Program. For over 20 years, Urban Alliance has helped to prepare students in Baltimore, MD; Chicago, IL; Washington D.C.; Detroit, MI; and Arlington, Alexandria and Fairfax VA for college and career by connecting them to paid, professional internships, rigorous skills training, and caring adult mentors.

Our success is well-documented: nearly 80% of alumni attend college and persist into their second year. Of recent graduates of the Urban Alliance Program, 80% are connected to a pathway – including college, employment, and advanced career training – one year post-program. Due to this success, Urban Alliance receives funding from many community, corporate and philanthropic partners. Your child has had an opportunity to participate in the High School Internship Preparatory Program because of this funding.

Urban Alliance uses information about our student experience and success in two ways. The first is to monitor the program's key performance indicators, to understand if the program is running the way it is intended, and to ensure students are having a high-quality experience. Urban Alliance also shares information regarding intern progress and success in aggregate to funders and job partners. In many cases, these partners require Urban Alliance to report programmatic results as a requirement to receive funding.

The information collected from and about your student will be handled securely and confidentially. Your student's data will only be released at the group-level and your student's name will not be linked to any findings reported externally by Urban Alliance.

If your student is under the age of 18, Urban Alliance requires a parent signature to participate in the High School Internship Preparatory Program. Please note, there are two places on this form that require your signature.

If you have any questions about the following approval and release form, please contact your local Urban Alliance office.

Chicago: 312-496-3300

Sincerely,
The Urban Alliance Staff



2019-20 Urban Alliance Approval and Release Form

Parental/Guardian support will be an important part of the Urban Alliance program. **Your signature is required for your student to participate in professional development workshops through Urban Alliance.**

Participant's Name: _____ Participant's School: _____

Internship Participation

During the school year, your student will be participating in after-school professional development workshops twice a week from 4:30pm to 6:00 pm. Please note that your student's workshop hours are subject to change.

I understand that participants will be selected from a candidate pool and at UA's sole discretion. I understand that my student's opportunity may be terminated at any time if they are unable to abide by Urban Alliance policies. I understand that Urban Alliance promotes self-sufficiency; therefore, primary communication must be held between my student and their Program Coordinator. 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 give permission for my child to be driven by an Urban Alliance staff member. Transportation will include, but is not limited to, to and from workshop, special events, and regional offices.

I agree to allow representatives of Urban Alliance to obtain my child's college attendance records from the National Student Clearinghouse. I authorize Urban Alliance, or its designees, to collect information about my child including college application information, program participation information, survey data, school and academic data and post high preparation materials. I authorize Urban Alliance or its designees to share a de-identified version of all aforementioned data with external partners, job partners and funders in aggregate. Finally, I understand that by participating in this program, my student's likeness, voice, name, or experience with Urban Alliance may be shared publicly by Urban Alliance or its designees, solely in support of the program and without remuneration.

If participant is under 18:

Parent/Guardian Name: _____ Signature: _____ Date: _____

If participant is over 18:

Participant Name: _____ Signature : _____ Date: _____

High School Records

I hereby authorize and consent my or my student's school or school district to provide information concerning the education of my child to Urban Alliance. I further authorize the release of educational records of my child to Urban Alliance that include the following information: education transcripts, school enrollment information, universal student ID, attendance data, credit history, grades, assessment data, IEP information, English Language Learner and Special Education statuses, suspensions, GPA and eligibility for free or reduced priced lunch, for all years of high school attendance. I recognize the records shared under this agreement will not be used to determine program eligibility. By agreeing below, 1) I acknowledge and understand that I have the opportunity to review the records to be disclosed and the right to challenge the contents of such records; and 2) I am at least 18 years of age or I am signing this document on behalf of my child because he/she is not 18 years of age.

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

If participant is under 18:

Parent/Guardian Name: _____ Signature: _____ Date: _____

If participant is over 18:

Participant Name: _____ Signature : _____ Date: _____