

Urban Alliance Approval and Release

Dear Parent or Guardian,

We are excited your student is applying for the Urban Alliance High School Internship 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 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 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.

Baltimore: 410-366-5780 Chicago: 312-496-3300

Washington, DC: 202-459-4300

Detroit: 202-459-4300

Northern Virginia: 908-249-1986

Sincerely,

The Urban Alliance Staff



2020-21 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 an internship through Urban Alliance.*

participate in an internship through Urban Alliance.			
Participant's Name:_	Participant's Name:Participant's School:		
at their assigned inte student will to work am to 5 pm during th with the student and during regular busine	ar, your student will be rnship jobsite (student up to 32 hours per wee ne summer). Please not I their jobsite to develo ess hours. Throughout t	s typically work from 1:30pm to 4:30pm k Monday through Thursday at their ass e that your student's working hours are p a schedule that meets the needs of bo	to 12 hours per week Monday through Thursday during the school year). During the summer, you signed internship jobsite (students typically work subject to change. Urban Alliance will coordinate oth parties. Students will only be asked to work rticipate in a 1.5 hour workshop led by Urban planning each Friday.
Completing Pre-Word placed on a waitlist for may be terminated a job site. I understand student and their Protected to my stude acknowledge that it is child to be driven by	k does not guarantee your future consideration it any time if they are used that Urban Alliance program Coordinator. I also Mentor directly regardint's Program Coordinatis prohibited to contact an Urban Alliance staff	our student an internship placement. An should an internship vacancy arise. I ur nable to abide by Urban Alliance policie omotes self-sufficiency; therefore, prim so understand that my student's internsing any issues and/or concerns. Furthern tor and/or the Urban Alliance team, as rementors or jobsites directly as a matter	complete pre-work and at UA's sole discretion. my participant not placed in an internship will be inderstand that my student's internship opportunits or demonstrates inadequate performance at the party communication must be held between my ship opportunity may be terminated if I contact more, I understand that my concerns must be my student is employed by Urban Alliance. It of Urban Alliance policy. I give permission for my seir internship period. Transportation will include, e visits.
Clearinghouse. I auth information, program authorize Urban Allia partners and funders	norize Urban Alliance, on participation information in the control of the control	r its designees, to collect information altion, survey data, school and academic ashare a de-identified version of all afort understand that by participating in this	dance records from the National Student pout my child including college application data and post high preparation materials. I ementioned data with external partners, job program, my student's likeness, voice, name, or gnees, solely in support of the program and
If participant is unde			
Parent/Guardian Nar	ne:	Signature:	Date:
If participant is over Participant Name:	18:	Signature :	Date:
child to Urban Alliand information: education assessment data, IEP or reduced priced lur to determine program records to be discloss	nd consent my or my stoce. I further authorize to on transcripts, school en information, English Lanch, for all years of high meligibility. By agreeinged and the right to chal	he release of educational records of my nrollment information, universal studer anguage Learner and Special Education is a school attendance. I recognize the recognized the rec	ide information concerning the education of my child to Urban Alliance that include the following at ID, attendance data, credit history, grades, statuses, suspensions, GPA and eligibility for free ords shared under this agreement will not be used and that I have the opportunity to review the I 2) I am at least 18 years of age or I am signing this
Please select one:	YES, I agree	NO, I do not agree	
If participant is unde	r 18:		
Parent/Guardian Nar		Signature:	Date:
If participant is over Participant Name:		Signature :	Date: