



## PARENT/GUARDIAN APPROVAL AND RELEASE

Parental/Guardian support will be an important part of this partnership. ***Your signature is required in order for Urban Alliance to confirm that you agree to allow your student to apply for an Internship and to give your approval for Urban Alliance to share student records with external evaluators and the National Student Clearinghouse.***

If selected for our **High School Internship Program**, it will require that s/he 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 fulltime 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.

If selected for our **World Bank Summer Internship Program**, you agree to allow your student to participate for a summer Internship lasting 8 weeks during which students will work Monday through Friday 9am-5pm. S/he will also be required to participate in several Urban Alliance activities including, but not limited to, weekly professional development workshops.

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 educational records including but not limited to: transcripts, quarterly grades, attendance records, schedules, reports and recommendations and to share these records with external research organizations and 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 demonstration of inadequate performance at the job site. I understand that Urban Alliance promotes self-sufficiency therefore, primary communication must be held between my student and their 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 the Intern 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 agree to allow him/her to be photographed and/or videotaped and their pictures and experiences to be used in fliers, on web sites, in press releases and other forms of media 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: \_\_\_\_\_

\_\_\_\_\_