Dear Parent or Guardian,

Your permission is required for your student to travel to and participate with CSI Liberty Partnerships Program to________________________. Please review and initial each section of this form if you agree with its purpose and contents and then sign and date the bottom of this form. If you do not initial a section, we will understand that you have not given your consent for activities in this section and will honor your decision accordingly.

**TRAVEL**

Initial:

I give my permission for my daughter/son/ward to accompany the staff of the C.S.I. Liberty Partnerships Program ________________________________ **Trip** is leaving at _____ from, Staten Island, New York.

**RECREATIONAL ACTIVITIES**

Initial:

I give my permission for my daughter/son/ward to participate in light recreational activities that are planned and supervised by authorized staff members, and I’m aware there is a pool at the ___________ where they will be staying.

**INFORMATION**

Initial:

I give my permission to the Liberty Partnerships Program and the New York State Education Department to release information about my daughter’s/son’s/ward’s participation at this event. This may include, but is not limited to sharing information about the program participation with his/her school, scholarship donors, potential employers, potential mentors, and the press.

**PHOTOGRAPHS**

Initial:

I authorize the use of photographs and images of and by my daughter/son/ward to be used for publicity, promotion and fundraising purposes.

Student Name: _______________________________________ School: ___________________________

Parent/Guardian Name (Print): __________________________________________

Parent/Guardian Signature: ___________________________ Date ________

Home/Mobile Number __________________________________ Email: _________________________