

College of Staten Island Liberty Partnerships Program Parental Permission and Release Form



Dear Parent or Guardian,

Your permission is required for your student to t Program to	ravel to and participate with CSI Liberty Partnerships Please review and
initial each section of this form if you agree wit	th its purpose and contents and then sign and date the on, we will understand that you have not given your
TRAVEL	Initial:
• • • •	to accompany the staff of the C.S.I. Liberty Partnerships Trip is leaving at from, Staten
RECREATIONAL ACTIVITIES	Initial:
I give my permission for my daughter/son/ward planned and supervised by authorized staff memwhere they will be staying.	to participate in light recreational activities that are ibers, and I'm aware there is a pool at the
INFORMATION	Initial:
to release information about my daughter's/son's	Program and the New York State Education Department s/ward's participation at this event. This may include, but rogram participation with his/her school, scholarship and the press.
PHOTOGRAPHS	Initial:
I authorize the use of photographs and images of promotion and fundraising purposes.	f and by my daughter/son/ward to be used for publicity,
Student Name:	School:
Parent/Guardian Name (Print):	
Parent/Guardian Signature:	Date
Home/Mobile Number	Email: