



Parent/Guardian Notification and Consent

City University of New York

I am aware that _____,
Name (First & Last Name)

is participating in a college credit-bearing course as part of the City University of New York *College Now* program
and that the instructional activities will take place at

Hunter College

which is located at _____
695 Park Avenue, New York, NY 10065

The course will take place from July 10, 2025 to August 14, 2025
(Starting month/day/year) (Ending month/day/year)

I understand that my child may travel to the college site by various forms of public and private transportation.
I understand that there may be risks involved in my child's departure from his/her home or school without adult
supervision, and I assume those risks on behalf of my child and myself.

☐ Y ☐ N I give permission for The City University of New York (CUNY) to use my child's image, name
and/or high school affiliation solely for CUNY's non-commercial purposes, including promotion of the *College Now*
program and use on CUNY TV and cuny.edu, in any manner or media in perpetuity throughout the world.

☐ Y ☐ N Please contact me regarding activities for parents/guardians of *College Now* students.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

Name of Emergency Contact

Home Telephone Cellular Phone

Emergency Contact Telephone

Email

I consent to the use of my image, name and/or high school affiliation as described above.

Signature of Student

High School That Student Attends

Printed name of Student

Student Email Address (Required)