



# 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 \_\_\_\_\_ August 26, 2025 \_\_\_\_\_ to \_\_\_\_\_ December 22, 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)