

Student Assistantship and Resource Training (START) Program
PARENTAL CONSENT FOR

Date _____ Academic Year / Term _____

Name of Student _____
(LAST NAME, FIRST NAME, MIDDLE NAME)

ID number _____ Degree Program _____

I, the Parent or Record of the student named above, agree to the following in connection with Student Assistantship and Resource Training (START) Program for the student named above.