

# UTRGV - PSJA - EHS - CC Partnership Program



## PARENT/GUARDIAN CONSENT FOR SPECIAL SERVICES

I, \_\_\_\_\_, (Name of Parent/Guardian) give  
consent for \_\_\_\_\_ (Name of Child) to receive  
the following services: \_\_\_\_\_  
\_\_\_\_\_ from (Name of  
Provider) \_\_\_\_\_  
\_\_\_\_\_

My consent for these services expires on: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Date)

I \_\_\_\_\_ have explained to the above name parent/guardian the purpose  
(UTRGV-PSJA EHS and CC Partnership Program Staff)

of this consent. I also understand that this consent will be valid for the current school year and that I  
may request a copy of this release and/or revoke this authorization at any time.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of UTRGV-PSJA EHS-CC Program Staff

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date