

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