



University System of New Hampshire
25 Concord Road
Durham , NH 03824

**MENTOR PROGRAM
PARENTAL PERMISSION FORM**

_____ SCHOOL

I/We hereby grant permission for my/our daughter/son to participate in Project Mentor at _____ School. I/We understand and acknowledge that this program is voluntary, and that there is no requirement that my/our daughter/son participate in the program. Further, I/we understand that the undergraduate men/women who serve as mentors in this program are volunteers and are not employed by the School District.

Also, I/we understand that my/our son/daughter will be asked to complete a short survey in October and May of the current academic year. The survey's purpose is to gather information on the effect Project Mentor is having on your child. All information will be kept confidential.

As a general rule, all meetings between the student and the mentor will occur at the school during or at the end of the regular school day. If any other contacts are planned, the school/mentor will obtain advance, written parental permission. Finally, I/we understand that I/we may withdraw my/our permission at any time by written notification to the principal, and my/our daughter/son will thereafter be withdrawn from the mentor program.

Dated: _____

PARENT'S SIGNATURE

STUDENT'S NAME