



**CONSENT FORM FOR INTERVIEW OF A MINOR**

As the parent or guardian of \_\_\_\_\_, (referred to as above named for purposes of this document), whose date of birth is \_\_\_\_\_, has my permission to be interviewed with *Starting Right, Now (SRN)* to determine acceptance into the program.

In order to gain a complete assessment, I understand and agree that *SRN* may gather the following records:

- Academic summary
- Mental health and/or medical
- IEP, 504 Plan or ESE records, if applicable
- School attendance
- School referrals
- Arrest records

I also agree *SRN* may speak to teachers, administrators or anyone who has information on the above named to understand the full scope of services needed.

I hereby grant permission for *Starting Right, Now* to have such contact with the school to assess the student's potential and gain access to records.

This consent is valid until the agreement between the above named and *Starting Right, Now* is terminated or until the above named 18<sup>th</sup> birthday. If the above name turns 18 while in our program, they will be providing their own consent by participating. By signing below, you agree to the terms.

\_\_\_\_\_

Parent Signature/Guardian

**Please attach a copy of Parent/Guardian State ID**

\_\_\_\_\_

Date

\_\_\_\_\_

Referring Partner Witness Signature

*(Verifying Signature of Parent or Guardian is  
The Parent or Guardian)*

\_\_\_\_\_

Date

**NOTE: Document will not be accepted without State ID of parent or guardian**

**Fax form to: 813-303-0141 or email to: [info@StartingRightNow.org](mailto:info@StartingRightNow.org)**