SYRACUSE UNIVERSITY
SummerStart 2015
Permissions

Student Name (print)  Parent/Guardian Name (print)  Parent/Guardian Name (print)

Please check the appropriate box for each section below.

**TRAVEL**
I hereby give my permission for the above named student to take part in field trips and other activities as scheduled by the staff and faculty of Syracuse University and the SummerStart program. PLEASE NOTE: SummerStart students are **not** under 24 hour supervision and have the opportunity to leave campus of their own accord if they so choose.

☐ Permission for SummerStart sanctioned travel is **GRANTED**  ☐ Permission for such travel is **DENIED**

**RESIDENCE HALL EDUCATION**
I hereby give my permission for the above named student to participate in education sessions that occur in the residence hall. PLEASE NOTE: Materials to be presented and discussions that might occur could include, but are not limited to, the following topics: campus safety, transitioning to college life, sexually transmitted diseases and birth control, study skills and habits, consequences of risk taking behavior, navigating college, choosing a major, etc.

☐ Residence education permission is **GRANTED**  ☐ Residence education permission is **DENIED**

**USE OF IMAGE**
I hereby grant to Syracuse University (the “University”) the right to reproduce, exhibit, display, broadcast, and distribute photographic, videotaped, or other images of the above named student, as well as University-related works derived from said images, for use in connection with the activities of the University or for promoting, publicizing, or explaining the University or its activities. This grant includes, without limitations, the right to publish such images in the Syracuse Record, Syracuse University magazine, and other public relations/promotional materials such as marketing and admissions publications, advertisements, fundraising materials, and any other University-related publications. These images may appear in any of the wide variety of formats and media now available to the University and that may be available in the future, including but not limited to print, broadcast, videotape, CD-ROM, DVD, and electronic/online media. I understand that I will not be compensated by the University for such use. PLEASE NOTE: The University is not requesting permission for, nor has any intention to use, your son/daughter’s name in conjunction with the use of image.

☐ Permission to use image is **GRANTED**  ☐ Permission to use image is **DENIED**

**INFORMED CONSENT-INFORMATION GATHERING**
Students will have opportunities to share their insights of the SummerStart program by completing surveys and potentially participating in focus group discussions in an effort to make on-going and future improvements to the program. Participation in any of the information gathering activities is completely voluntary. All responses will be reported anonymously. Choosing not to provide permission will in no way impact the student’s Summer College experience.

☐ Information gathering permission **GRANTED**  ☐ Information gathering permission **DENIED**

____________________________  ____________________
Student’s Signature (if 18 years of age or older)      Date

____________________________  ____________________
Parent/Guardian Signature      Date

____________________________  ____________________
Parent/Guardian Signature      Date

Please print this page, sign, and return to: SummerStart, 700 University Ave., Syracuse, NY 13244
OR
Fax to 315-443-4410 / Scan and email to sustart@syr.edu

Updated 04/09/15