

## **PARENT / GUARDIAN INFORMATION**

Parent/Guardian Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## **PARENT / GUARDIAN CONSENT ACKNOWLEDGMENTS**

Please read each statement below and indicate your consent by checking all applicable boxes.

- I consent to my child's participation in the RANGE residential summer program hosted by Tennessee State University.
- I consent to my child's participation in supervised research, laboratory, and field activities associated with the RANGE program.
- I authorize Tennessee State University and its representatives to provide emergency medical treatment to my child if deemed necessary.
- I consent to the use of photographs, video, or other media recordings of my child for educational, reporting, or promotional purposes by Tennessee State University and its partners.

## **SIGNATURE**

By signing below, I confirm that the information provided is accurate and that I give my consent for my child to participate in the RANGE Summer Research Experience.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **SUBMISSION INSTRUCTIONS**

Please email the completed and signed form directly to: [coelwrm@tnstate.edu](mailto:coelwrm@tnstate.edu)  
Subject Line: RANGE 2026 – Parent Consent Form – Student Full Name

Rename file as: "Parent Consent for\_First Name\_Last name"