

PARENT / GUARDIAN INFORMATION

Parent/Guardian Full Name: _____

Relationship to Student: _____

Phone Number: _____

Email Address: _____

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: _____

SUBMISSION INSTRUCTIONS

Please email the completed and signed form directly to: coelworm@tnstate.edu
Subject Line: RANGE 2026 – Parent Consent Form – Student Full Name

Rename file as: "Parent Consent for _First Name_ Last name"