



# ARTS Engage!

## The Arts Impact Lives- The goal of our research and purpose of this form.

This form allows permission for research on how the arts impact children’s lives to help us secure future funding for ARTS Engage! program. It is important that we collect this information to promote the positive and healthy results of participation in arts programs. We will be examining grades and attendance records of students participating in our programs. This is an anonymous process and no names or other information regarding your child will be made public in any way or used for purposes other than research. Please do not hesitate to call me directly if you have any questions or concerns: Maureen McGuigan, Lackawanna County Deputy Director of Arts and Culture [mcguiganm@lackawannacounty.org](mailto:mcguiganm@lackawannacounty.org) or 570-963-6590 x102.

I authorize the release of the information pertaining to academic information and attendance for the student’s name appearing below, to be released to Lackawanna County County’s ARTS Engage! Program for the purpose of collecting information on how the arts relate to student success.

This authorization is effective for the academic year 2016/2017.

The nature of and purpose of this request has been explained to my understanding. I hereby acknowledge and understand that participation in this program is NOT conditioned upon my signing this authorization.

I understand this authorization may be revoked in writing at any time, except to the extent that action has been taken because of this authorization.

I understand information disclosed due to this authorization may be subject to re-disclosure by the recipient.

### **Parental Consent Form for Research on Arts Programs**

Students Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

