

WELCOME TO
THE AGENCY

STUDENT SUCCESS
AGENCY

PARENT / GUARDIAN CONSENT FORM

Dear Parent/Guardian:

We are excited to inform you that your student's school has enrolled in **Student Success Agency!**

Student Success Agency is a near-peer network of top-performing young adults that can closely relate to your student. '**Agents**' will support your student in the realization of their potential and the steps necessary to traverse their career path as they transition into becoming a **successful, independent adult**.

But for that to happen, we will need **your consent!**

Student safety is critical to us, our programs, and our future. **Student Success Agency** has developed and refined a **Seven-Layer Safety System** over the past five years of operation to ensure that every student is pursuing their goals in a **safe and secure environment**. A team of agent leaders ensures that each and every agent is preserving this space for your student.

Student Success Agency's Seven-Layer Safety System Highlights:

01. *Parent Consent Requirement*
02. *Rigorously Vetted Agent Backgrounds*
03. *Agent Team Leader System*
04. *Protected Personal Contact Information*
05. *Time-stamped Communications*
06. *Dangerous Content Alert System*
07. *24/7 On-call Safety Specialist*

Please visit and read our
Privacy Policy (www.studentsuccess.co/privacy-policy)
and Terms of Service (www.studentsuccess.co/terms-of-service)
or contact us for more information.

"The assistance is VERY valuable to my child and my family. There has been so much knowledge gained and a world of opportunities has opened up for my daughter that would not have been possible without her agent."

-Alice, Excited Mother of Zoey

**SIGNATURE FORM
ON REVERSE SIDE**

Text 855-794-2030 to get started!

Learn more at: www.studentsuccess.co/

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Required for Participation:

- I grant permission for my student to participate and connect with their agent over text message, phone, e-mail and video chat.
- I grant permission for my student's phone number to be exchanged with their agent to set up sessions and receive immediate assistance.
- I grant permission for my student's phone call exchanges with their agent to be monitored and/or recorded for the purposes outlined above.

Optional Participation (needed for participation in additional services, opportunities, social media events, prize giveaways and contests):

- I grant permission for my student's social media platforms to be exchanged with their agent.
- I grant permission for photos and videos to be taken of my student and published on Student Success Agency's website, literature and social media outlets in accordance with SSA's Terms of Service.

Student Information:

Full Name: _____ Cell Number: _____
Gender (Identity or Expression): Male Female Other:
School Name: _____ Grade Number: _____

Parent/Guardian Information:

Full Name: _____ Cell Number: _____
E-Mail: _____

Signature: _____

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