

# Parent Consent for Audio Interview Release

I, the undersigned, as the parent or legal guardian of the minor named below, hereby give my consent and permission for my child to participate in an audio interview. I authorize the recording and release of their audio interview for purposes including but not limited to educational, promotional, or informational use by the organization named below.

Child's Name

Parent/Guardian Name

Organization Name

Description of Interview Purpose

I understand that my child's participation is voluntary and that this consent may be revoked by me at any time in writing.

Parent/Guardian Signature

Date