

**Return form to:** Johns Hopkins CTY  
**Via email:** ctyenrollment@jhu.edu  
**Via mail:** 5801 Smith Ave, Ste. 400  
McAuley Hall Baltimore, MD 21209  
**Phone:** 410-735-6200

# Center for Talented Youth (“CTY”) Authorization and Consent Form

**The Student** This Consent Form is for the following CTY applicant or attendee (the “Student”):

Student’s full name \_\_\_\_\_ Student’s date of birth (mm/dd/yyyy) \_\_\_\_\_

Parent/Guardian phone number \_\_\_\_\_ Parent/Guardian email address \_\_\_\_\_

**Authorized Individual** This Consent Form authorizes the following individual (the “Authorized Individual”) to act on behalf of the Student in certain enrollment-related matters for CTY courses or services. This Consent Form also permits CTY to release the information specified below to the Authorized Individual for the purposes of assisting the Student in certain enrollment-related matters for CTY courses or services.

Full name of Authorized Individual \_\_\_\_\_

Address of Authorized Individual \_\_\_\_\_

Phone number of Authorized Individual \_\_\_\_\_ Email of Authorized Individual \_\_\_\_\_

**Additional Authorized Individual**

Full name of Authorized Individual \_\_\_\_\_

Address of Authorized Individual \_\_\_\_\_

Phone number of Authorized Individual \_\_\_\_\_ Email of Authorized Individual \_\_\_\_\_

**By Initialing on the line below, I agree to the following:**

\_\_\_\_\_ I authorize the Authorized Individual to act on behalf of the Student in enrollment-related matters for CTY courses or services. Enrollment-related matters for CTY courses or services consist of the following: **(please check all that apply)**

- Enrolling;  Changing or cancelling Student’s enrollment in CTY courses or services;  Paying tuition costs for the Student for CTY courses or services;  Submitting medical forms to CTY for the Student;  Applying for/accepting financial aid for the Student; and/or  Activating a Johns Hopkins K12 student email account for enrollment to the class.

\_\_\_\_\_ I authorize CTY to release to the Authorized Individual the Student’s test scores and student evaluations for the purpose of assisting the Student in enrollment-related matters for CTY courses or services, as well as including Student test scores in school reports.

\_\_\_\_\_ I authorize CTY to release to the Authorized Individual tuition billing notices and notices of financial aid awarded to the Student, if any, for the purpose of assisting the Student in enrollment-related matters for CTY courses or services.

\_\_\_\_\_ I authorize CTY’s test delivery vendor, Prometric LLC, to collect and process personal data of the Student for the purposes of providing to the Student CTY tests, test results, and test related services, and understand I can review Prometric’s Privacy Policy at Prometric.com at any time.

**These consents will remain in effect from date of signature until the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ (termination date).**

I understand that 1) I have the right not to sign this Consent Form; and 2) if I choose not to sign this Consent Form it will not affect the Student’s participation in CTY courses or services with the exception of activating the student email. By not authorizing the Authorized Individual, parents will need to activate the student email for access to the enrollment. This Consent Form will remain in effect until the date designated above; if I would like to revoke the Authorized Individuals’ authorization to act on behalf of the Student prior to the termination date, I must submit a request for revocation in writing to the address above, however a revocation will not affect the Authorized Individuals authorization to act on behalf of the Student prior to CTY’s receipt of such revocation or CTY’s disclosures to the Authorized Individual prior to CTY’s receipt of such revocation.

Parent/Guardian signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_

Parent/Guardian address \_\_\_\_\_

Student signature \_\_\_\_\_