Letter of Consent:

By signing and dating this form, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree that I have been given ample information about the case study being performed by Cassandra Lemmon. I understand that the data recovered during the study will be used in a Master’s Thesis document which may be published in an academic journal at some point in the future. I also understand that my child’s name will be left out of all parts of the study and the writings that come from it and that this consent form and my child’s assent form will be locked in secure storage for the minimum requirement of three years by Dr. Christian and then destroyed.

By signing below I give my consent for my child to participate in the case study being performed by Cassandra Lemmon.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date