

Mismatch™ permission slip

Date:				
I,	(Name)	am the	(Parent, Guardian)	_ of
		, a student at		
(Student Name)		·	(High School Participating)	

I hereby grant permission for the above student to participate in Mismatch[™], a video-conferencing platform purpose-built for civil discourse, where they will engage in political discussions with students who disagree with them. Participation includes providing limited personal identification information for data collection purposes through a pre & post-survey. All data collected for Mismatch[™] is for internal review purposes and will not be shared outside of the AllSides team.

In case of an emergency, I can be reached at:

(Phone Number)

(Signature of Parent/Guardian)

(Signature of Student if over the age of 18)

