

Letter of Consent for Academic Assistance

Date: _____

To Whom It May Concern,

I, [Your Name], the parent/guardian of [Student's Name], hereby give my consent for my child to receive academic assistance from [Tutor's Name/Organization Name] for the duration of [specific period or semester].

I understand that this assistance may involve one-on-one tutoring sessions, group study, and any additional educational resources necessary for [Student's Name] to improve in their academic performance.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you have any questions regarding this consent.

Thank you for your attention and support.

Sincerely,

[Your Name]

[Your Signature]

[Your Address]

[City, State, Zip Code]

[Your Relationship to Student]