



personal consent form

I, _____, give my permission for the
Name of Participant

_____ to release my name to the West Virginia
Name of Agency

University Extension Service for the purpose of enrolling in the “Be Smart! Eat Smart!”

Nutrition Education Program in _____ County.
Name of County

I understand this referral and any additional information required for enrollment will remain confidential. If any additional information or reports are needed by the referring agency, please describe below:

Signature: _____

Agency Representative: _____

Date: _____

This WVU Extension Service nutrition education program provides services to limited-resource adults. The goals of “Be smart. Eat smart.” are to provide information and educational opportunities to help limited-resource individuals develop new skills and learn new behaviors, leading to improved nutrition and increased ability to manage food resources.

This program is presented with financial assistance from the West Virginia Department of Health and Human Resources, Office of Family Support, and the U.S. Department of Agriculture.

Programs and activities offered by the West Virginia University Extension Service are available to all persons without regard to race, color, sex, disability, religion, age, veteran status, political beliefs, sexual orientation, national origin, and marital or family status. Issued in furtherance of Cooperative Extension work, Acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture. Director, Cooperative Extension Service, West Virginia University.