**APPENDIX A**

**University of Arizona Interactions with Non-Enrolled Minors Administrative Approval of One-on-One Interaction with a Minor**

Program or activity name:

Supervisor’s name and contact information:

One-on-one interactions between Minors and Authorized Representatives are (or may be) necessary for the following reason(s):

Describe the nature, frequency, and setting(s) of all one-on-one interactions between Authorized Representatives and Minors that can reasonably be anticipated:

The following safeguards will be observed regarding one-on-one interactions between Authorized Representatives and Minors:

**I authorize the above-named Program or activity to have one-on-one interactions between Authorized Representatives and Minors as described above.**

Printed Name of Supervising Dean, Director or Department Head

Position Title

Signature Date