

DISTANCE LEARNING MENTOR AGREEMENT
AND AUTHORIZATION OF CONTACT

Student Name _____
First Name Middle Initial Last Name

Mentor Name _____
First Name Middle Initial Last Name

Work Address _____
Street City State Zip

Telephone Number Fax Number E-mail Address

Licenses/Certifications/Degrees Held _____

State Licensed Issued License Expiration Date

I agree to be contacted by Institute of Chemical Dependency Studies (ICDS) to verify the student's progress, and to consult on the student's needs.

Mentor Printed Name Mentor Signature Date

Student Printed Name Student Signature Date