



1 Lawrence Street, Suite 1B, Glens Falls, NY 12801
(518) 798-1010 (fax) 798-1517

CONSENT TO RELEASE INFORMATION

I, _____, hereby authorize _____,
Parent/Guardian (printed name) Person/Organization

Address/City/Zip

its director or designee, to release information contained in my child's records on file with that person/organization school to the organization identified below.

Child's Name: _____

Child's Birthdate: _____

Release of information is authorized under the conditions described herein:

1. **Name of organization to whom disclosure is to be made:**
Big Brothers Big Sisters of the Southern Adirondacks
2. **Specific Information to be disclosed:**
Information requested on attached form.
Any other pertinent information.
3. **Specific use(s) to be made of the requested information:**
To help determine how a mentor may benefit this child.
To assist Big Brothers Big Sisters with the mentor/child "matching" process.
To help support relationship, once established.
To determine progress once matched with a mentor.
4. **This consent shall expire upon the occurrence of one or more of the following:**
 - A. Child withdrawal from Big Brothers Big Sisters of the Southern Adirondacks program.
 - B. I (parent/guardian) revoke authorization, which I understand that I may do at any time.

Signature of Parent/Guardian

Date Signed