

CONSENT TO RELEASE SCHOOL INFORMATION

I, _____, hereby authorize _____,
Parent/Guardian Name of School

it's director or designee, to release information contained in my child's records on file with that 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:**
Academic and Social Assessments
Information requested on attached form

3. **Specific use(s) to be made of the requested information:**
To help Big Brothers Big Sisters support the child's relationship with his/her mentor.
Child's progress (social, academic, behavioral) since enrolled in the Big Brother Big Sister Program

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