



## Release of Information

*"Impact a Student for a Lifetime ...& Beyond*

Parent/Guardian: \_\_\_\_\_

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

**I authorize the release of information** about my Student, from my Student's Teacher, Principal, Case Worker or Counselor, to the **Youth Booster (YB) Coordinator** or **Booster**. Information released will be limited to that which is necessary for the referral and monitoring of my Student.

I understand that this information will enable the program to better serve my Student's needs, and will be used only by authorized persons involved with my Student and/or the YB Program.

**This consent expires upon my Student's release from the YB program.**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

YB Coordinator \_\_\_\_\_ Date \_\_\_\_\_

