

SCHOOL RELEASE OF INFORMATION

I give permission for Big Brother Big Sisters of Vermont to receive and share information about my child/foster child, _____ with the public/private/residential school that she/he/they are currently attending.

Information given/obtained may include information regarding my child/foster child's educational needs, behavior, grades, school attendance records, and any specific areas of concern. This information may be used to assess my child/foster child's appropriateness for participation in the Big Brothers Big Sisters Program or how best to support my child/foster child once he/she is matched with a Big Brother or Big Sister. The information shared will be held in the strictest of confidence among Big Brothers Big Sisters staff and will not be shared with anyone else without my written permission. (Ref: Federal Regulations 42 CFR).

This authorization of release of information automatically expires at any time that I inform Big Brothers Big Sisters of Vermont that I wish to cancel it, or when my child/foster child is no longer a participant in the Big Brothers Big Sisters Program.

(Parent/Guardian Name)

(Signature of Parent/Guardian)

Date

(Witness Name)

(Witness Signature)

Date