



**PARENT/GUARDIAN CONSENT FOR RELEASE and EXCHANGE OF INFORMATION**

**WESTERN YOUTH NETWORK**

This content for the release and exchange of information is for the purpose of sharing information on my child's educational performance in the (name of school or school district), to include his or her academic achievement and social-emotional development. The purpose of releasing and exchanging this information shall be to assist individuals to plan and provide a high quality mentoring program for my child. Individuals with whom school personnel may share this information in accordance with this release are limited to those involved in implementing WYN's Mentoring Program and associated with the following agency: Western Youth Network.

I, \_\_\_\_\_, the parent/guardian of the youth below, hereby authorize (school or school district) personnel to release and exchange specified information concerning my child's educational performance with personnel associated with the above named agency. I understand that this information is to be used by personnel at this agency in planning and delivering relationship building, educational, social, cultural, and life skills through mentorship to my child in WYN's Mentoring Program being conducted by this agency. This information may include the following:

- |  | Parent/Guardian Initial |
|--|-------------------------|
| a) Discussions with my child's school teacher(s) and other staff (e.g., administrators, specialists, counselors), as well as review of surveys about my child completed by these school staff; | _____                   |
| b) Data on my child's report card grades, results of End-of-Grade and End-of-Course exams, and other group examinations; and   | _____                   |
| c) Other information that may be found in my child's records at school, including his or her attendance at school and disciplinary incidents at school.  | _____                   |

I understand the nature of the information to be released, the need for this information and use which will be made of this information, and that there are statutes and regulations requiring recipients of this information to maintain the confidentiality of the information and use it only for its intended purposes in WYN's Mentoring Program. I hereby acknowledge that this consent is truly voluntary and that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_