

**Samuel L. Felton Jr. Community Development Program Inc
A+ Mentorship Program**

Consent for Release of information

I hereby authorize _____ to

Release specified information from the record of: _____
(Print Full Name)

To: _____
(Please Print)

This information shall include: _____
(Nature and extent of information to be released)

Other information:

Understand the contents to be released are to assist my child with his/her academic and social performance. I understand that this information will be kept confidential and will not be released to other parties without my written consent. I hereby acknowledge that this consent is voluntary and is only valid while my child participates in the Samuel L. Felton Jr. Community Development Program Inc. A+ Mentorship Program I understand that I may revoke this consent at any time except to the extent this information has already been released before I revoke it.

Parent/Guardian Signature _____ Date: _____