*The Mentoring Project of the Upper Valley*

# Contact and Information Release

(To Be Completed by the Parent/Guardian)

Child's Name: _____ Date: _____

School Name: _____

I hereby grant permission for The Mentoring Project of the Upper Valley to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee.

The Mentoring Project may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize The Mentoring Project to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

_____ _____

Parent/Guardian Signature Date

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip: _____