

AmeriCorps Upstate Release of Information

Please read the following statements before signing:

The AmeriCorps Upstate program collects data from the individuals they serve to determine if their services are benefitting the community. Your information will not be shared outside of the AmeriCorps program. This information is collected to track a person's participation in the program. The AmeriCorps Member may also give assessments to determine if individuals are gaining new Financial Literacy knowledge or making strides toward financial stability. The scores on the assessments will be used to determine what people are learning and how we can improve. Reports are aggregated and information is not personally identifiable.

Please select an option from below:

- I DO** give AmeriCorps permission to use my full name, date of birth, and assessment grades in their data collection.
- I DO NOT** give AmeriCorps permission to use my full name, date of birth, and assessment grades in their data collection.

Printed full name: _____ Date of Birth: _____

Signature: _____ Today's Date: _____

Phone Number: _____

If under 18, signature of parent or guardian: _____

Contact notes (session dates(s), services provided, referrals, other pertinent information)

Notes: