



Young Kappa Foundation Mentoring Program



Dear Parents,

Attached is a **Student Reciprocal Information Release Authorization** form that allows me to work with the schools to set up tutors, financial aid for college and assist in any way I can to help your son be successful. In most cases I am contacted by you or your son to assist with whatever is needed at the school. Please sign and return the form if you desire this assistance. I cannot work with teachers, counselors or administrators without your permission.

YKFMP President

Young Kappa Foundation Mentoring Foundation, Student Reciprocal Information Release Authorization

To: Aiken County School District

From: _____ (Parent /Legal Guardian)

Regarding: _____ (Student)

Date: _____

I hereby authorize the Aiken County School District, and it's associated schools to release educational, behavioral and other developmental information concerning _____ (student) to Janie Mines from YKFMP, Aiken SC.

Neither the schools nor the district are responsible to contact the counselor, but have my permission to do so at their discretion. It is the responsibility of the counselor and the parent to communicate regarding the counselor's activity with the schools. If the counselor contacts the school, the school is authorized to release the aforementioned information.

I agree to hold harmless the Aiken County Schools, School District __ and any affiliated or governing organization and indemnify them against any losses or damages that may occur as a result of communicating and working with YKFMP, on behalf on _____(Student).

Signature of Parent/Legal Guardian:

Date

Signature of Student

Date
