

## The Blessing Movement Release/Exchange of Information

I, \_\_\_\_\_ (name of parent/guardian), hereby authorize the release and/or exchange of my son's/daughter's personal information. Between The Blessing Movement and clients assigned to group. Also, other agencies marked below for scholarship or gifting purposes. I also give my permission to release/exchange information for all others listed.

**List all student volunteers:**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please check all agencies below that you wish for The Blessing Movement to release/exchange information with community partners offering scholarship's:**

- |  |  |
|--|--|
| <input type="checkbox"/> Pearson Chiropractic & Rehabilitation | <input type="checkbox"/> Gravity Coffee    |
| <input type="checkbox"/> Copland Accounting                    | <input type="checkbox"/> Rainier Manor     |
| <input type="checkbox"/> Sumner Rotary Club                    | <input type="checkbox"/> Sumner Lions Club |
| <input type="checkbox"/> Sound Credit Union                    | <input type="checkbox"/>                   |
| <input type="checkbox"/> Marilee Hill Anderson                 | <input type="checkbox"/>                   |
| <input type="checkbox"/> Bonney Lake Lions Club                | <input type="checkbox"/>                   |
| <input type="checkbox"/> Pistol Annie's Jewelry & Pawn         | <input type="checkbox"/>                   |
| <input type="checkbox"/>                                       | <input type="checkbox"/>                   |
| <input type="checkbox"/> Other (please specify) _____          |  |

By signing this release/exchange of information, I acknowledge that The Blessing Movement is not in no way a guarantee that I will receive a scholarship / or pay for my volunteer work.

This release will expire one year from the date of signature.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date