## 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>	Age	<b>Relationship</b>
	<u> </u>	

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

Pearson Chiropractic & Rehabilitation	<b>Gravity Coffee</b>
Copland Accounting	<b>Rainier Manor</b>
Sumner Rotary Club	<b>Sumner Lions Club</b>
Sound Credit Union	
Marilee Hill Anderson	
Bonney Lake Lions Club	
🗆 Pistol Annie's Jewelry & Pawn	
□ 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

Parent/Guardian Signature

Staff Signature

Date

Date

Date

You must open this form using Adobe Reader (see website volunteer page for application download icons) in order to fill in the fields and to add the required signatures electronically. You may fill out as much as you can and then save and/or print the form for later emailing (Info@blessingmovement.org) or mailing the form (P.O. Box 7069 Bonney Lake, WA 98391).