

Contact and Information Release

(To Be Completed by the Parent/Guardian)

Mentees's Name: _____ Date: _____

School: _____

I hereby grant permission for SOTM Life Skills Mentoring Program to make contact with my child (aka) the mentee and conduct a personal interview for the purposes of applying to be a mentee. SOTM Life Skills Mentoring Program 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 SOTM Life Skills 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(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, 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 _____

Telephone: _____