

Empowered Youth Programs

Parental Authorization to Release Information

Date: _____

To Whom It May Concern:

My son/daughter _____ is participating in the Empowered Youth program (Gentlemen on the Move/Young Women Scholars) under the direction of Dr. Deryl F. Bailey from the Department of Counseling and Human Development Services at The University of Georgia and Dr. Mary Bradbury-Bailey from Cedar Shoals High School. This project is designed to assist children and adolescents in excelling academically and socially.

I give _____ permission to release the following
School Name

information regarding my child to the staff of Empowered Youth Programs:

- Progress reports and report cards
- Academic transcripts
- Disciple records
- Class Schedules
- Other school related information (i.e., Academic Monitoring Forms)

x

Parent/Guardian Signature

Date

EYP staff has my permission to observe my child during school hours.

x

Parent/Guardian Signature

Date

I also give permission for my child to appear in photos related to EYP activities. I understand that these are used for documenting EYP activities. I also understand that from time-to-time EYP photos may appear in the newspaper, in brochures, and in power point presentations at professional meetings.

x

Parent/Guardian Signature

Date

Note: This permission is valid until EYP receives a written statement from me (the parent) requesting that this permission be revoked.

x

Parent/Guardian Signature

Date
