

WCM Permission for Release of Information

The purpose of this form is to assist Windsor County Mentors (WCM) in:

1. Determining the child's eligibility and priority of placement for the program.
2. Making a successful match between the child and an adult volunteer.
3. Providing ongoing support to the partnership.

This form can be filled out digitally using the blue boxes. Referral sources, please keep a copy for your files, provide the parent with a copy and email this form along with the referral form to: info@wcmentors.org

If you have questions, call 802-674-5101 or email: Barb@wcmentors.org

PLEASE CHECK WHAT INFORMATION YOU WILL ALLOW TO BE SHARED AND WITH WHOM

I, _____, am the parent/legal guardian of _____.

1. I give permission for the following to release information to WCM's Program Coordinator.

☒ Guidance Counselor ☒ Teacher

Names/phone _____

☒ caseworker if assigned

(Name & phone if known _____)

____ therapist (Name & phone _____)

2. I give permission to Windsor County Mentors to release information, on an as-needed basis, to my child's:

☒ Mentor ☒ Guidance Counselor ☒ Teacher

3. I give permission for my child's mentor to release information to:

☒ Windsor County Mentors Program Coordinator

4. Information shared may include:

☒ Description of Child's interests/ hobbies ☒ Social/emotional/behavioral/academic info
☒ Health Information (allergies, etc.) ☒ Updated Contact Info

This release of information is suspended if my child is no longer part of the Windsor County Mentors' program. It is reinstated if my family requests that the child be re-enrolled in the program. I understand that any information exchanged under this agreement will be kept confidential.

Parent/Guardian **Signature:**_____ **Date:**_____

Printed name of parent or legal guardian:_____

Windsor County Mentors Program Coordinator's Name: _____