

Dear Parents:

The Faces of Accomplishment program is pleased to inform you that your child has been recommended to participate in our mentoring program. This program matches a skilled volunteer mentor with the specific need(s) of your child.

The volunteer will work with your student on school premises for a minimum of one hour per week. He/she will work on motivating, helping listening and encouraging your student.

Please sign the authorization below giving your permission for your child to participate in the Mentoring program.

Kathy Chamberlain,
Executive Director

Authorization for Participation and Release of Records

I, the undersigned parent or legal guardian of _____

(Name of minor child & Student "N #")

hereby authorize the Faces of Accomplishment Program or their designee including mentors to have access to the scholastic records of the minor child named above. This information includes current and past grades, test scores, attendance records, disciplinary history, and extracurricular activities of the minor.

I hereby release, discharge and agree to hold harmless the Faces of Accomplishment Program and any mentor, representative, or employee from any liability by virtue of any use, whatsoever, of said information contained in the scholastic records. I understand that this release is valid for the length of time that my child remains in the Faces of Accomplishment, Inc. program.

Date

Parent/Guardian Signature

Address

Faces of Accomplishment, Inc.
741 S. Orange Ave. Sarasota, FL 34236