



PERMISSION FOR RELEASE OF INFORMATION

I, _____ give my permission to Big Brothers Big Sisters of
Parent/Guardian Name
Franklin County to receive any information from and to provide any information to the
following school(s) concerning _____
Child's Name

School Name

Most Recent Teacher

School Name

Counselor

These permissions are understood to apply from today's date until the termination of BBBSFC services. If for any reason you should decide to change your mind about any of these authorizations, it is the responsibility of the Parent/Guardian to contact Big Brothers Big Sisters staff.

Parent/Guardian Signature

Date