



Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission, if necessary, for EDGE Mentoring Program staff to make contact with my daughter at school, church, or another venue for ongoing support of her participation in the mentoring program.

I understand that basic information about my daughter will be shared with the mentor(s) and EDGE staff to the extent it aids in facilitating a successful mentoring experience.

Parent/Guardian Signature

Date

Parent/Guardian Name

Address

City

State

Zip