



¡Adelante! America
CONTACT AND INFORMATION RELEASE FORM

Student Name: _____

School: _____

I hereby grant permission to the LULAC Adelante America Program Coordinator and LULAC Institute, Inc. to make contact with my child for the purposes of participating in the Adelante America mentoring program.

Once enrolled in the program, the LULAC Adelante America Program Coordinator and LULAC Institute, Inc. has my permission to have contact with my child on school premises during the day, afterschool, and outside and inside of school premises in order to provide services complete goals, and provide ongoing support of his/her participation in the mentoring program.

Once enrolled in the program, I authorize the LULAC Adelante America Program Coordinator and LULAC Institute, Inc. to obtain any needed information regarding my child from his/her school staff. Information they may request includes class schedules, transcripts, attendance, and disciplinary data and to have conversations with teachers, counselors, and other administrative staff regarding my child's success and participation in the LULAC Adelante America Program.

I give permission to the LULAC Adelante America Program and LULAC Institute, Inc. to use any slides, photographs, images, video and/or statements that may be taken of my child during the course of the program for marketing and/or promotional purposes.

Legal Guardian(s)

Please indicate relationship to the student _____

Last Name

First Name

Middle Initial

Mailing Address

City

State

Zip Code

Home Phone

Cell Phone

E-mail Address

Print Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

Date