

**BIG BROTHERS BIG SISTERS OF FLATHEAD COUNTY
AUTHORIZATION FOR RELEASE OF INFORMATION**

I understand that in order for Big Brothers Big Sisters of Flathead County to determine how they can best serve the needs of my child, the agency may need to obtain additional information.

I hereby give my permission to Big Brothers Big Sisters of Flathead County to contact school personnel, counselors, Department of Public Health & Human Services, and other pertinent agencies or persons, to obtain/release any confidential information.

This release will continue in full force and effect until revoked by myself, as parent or guardian, in writing.

Child's Name

X _____
Signature of Parent or Guardian

Date _____