



Release of Information and Permission to Participate in True Colors, Inc.'s One-on-One Mentoring Program

I, _____, as the legal guardian of _____
Guardian's Name Youth Participant's Name

give my permission for _____ to participate in the True Colors,
Youth Participant's Name

Inc. One-on-One Mentoring Program. This permission extends to the following activities:
(please initial only those for which you are extending your permission)

- _____ on-site meetings in youth's current living situation
- _____ off-site group meetings authorized by youth's current living situation
- _____ off-site group meetings authorized and hosted by True Colors, Inc.
- _____ off-site individual activities with mentor

I give my permission for authorized True Colors, Inc. staff to speak with care-givers (therapists, social workers, current living situation personnel): _____ yes _____ no

I give my permission for this youth's caregivers to speak to True Colors, Inc.:
_____ yes _____ no

Guardian's Signature Date

Print Name: _____

Print Phone #: _____