

Big Brothers Big Sisters of North Central Arkansas

SCHOOL RELEASE

Child's Name

I, _____, give permission for my child to be visited by a representative from Big Brothers Big Sisters. While visiting my child at school the representative has permission to receive all information concerning the well being and academic condition of my child. Big Brothers Big Sisters is also authorized to request and obtain by mail or fax my child's academic, attendance, and behavior reports.

Parent/Guardian Signature

Date