



**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 #: \_\_\_\_\_