

**WAIVER TO RELEASE ACADEMIC INFORMATION**

Student Name: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize  
[print name of Guardian/Parent]

\_\_\_\_\_  
[insert Principal, Counselor or Teacher names]

at \_\_\_\_\_  
[School Name]

to release my child's academic record information to:  
Andrew Park, Jason Brown and academic mentors or tutors in the Trybe Leadership Program.

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_