

**MICCOSUKEE YOUTH EDUCATION FOUNDATION, INC.  
ACADEMIC ACHIEVEMENT PROGRAM**

**Authorized Release of Program Participant Information**

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**Miccosukee Youth Education Foundation – AAP**

I, \_\_\_\_\_, the undersigned, authorize the release of information collected and maintained on my child by this program for purposes of monitoring the quality of the services provided in this program and for purposes related to evaluation and program services.

I understand that my participation in the research is voluntary and I can refuse to participate at any time. It will benefit future program participants and me by improving services. My refusal to participate in the research will not affect my access to/or receipt of services in this program.

The agencies and entities authorized to receive the information addressed in this form include the **Miccosukee Youth Education Foundation, Inc.**

This authorization for the release of information will remain in effect during my participation in the program and up to five (5) years following completion of the program unless I revoke this authorization before that time.

I understand that the information released to the specified agency and entities might be confidential and will remain secure in locked file cabinets and password protected electronic files and only accessible to the agency specified in this form for the purposes stated.

In research reports, student information will only be reported by groups and will not allow identification of an individual student. Questions regarding this research should be referred to Dr. Mary Young at (850) 893-5241 or mailed to P. O. Box 5452, Tallahassee, FL 32314.

I authorize release of information for \_\_\_\_\_  
Print or Type Student's Name

\_\_\_\_\_  
Print Name of Parent/Guardian  
If participant is a minor (less than 18 years of age)

\_\_\_\_\_  
Signature of Parent/Guardian  
If participant is a minor (less than 18 years of age)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date of Witness