

Literacy Volunteers of Randolph County

P.O. Box 2521 Elkins, WV 26241

(304) 636 – 4515

RELEASE OF CONFIDENTIAL INFORMATION FORM

FOR ANNUAL REPORTING

I, _____, acting for myself, or as the legal parents of guardian of _____, authorize Literacy Volunteers of Randolph County representatives to release a personal intake information of _____ for statistics analysis and accumulate data for the national, state, and local reporting.

Signature

Date

Witness

Date