



# Permission for Release of School

Date: \_\_\_\_\_

I, \_\_\_\_\_ and my parent/guardian  
(Print Student's Name)

\_\_\_\_\_ give permission for the release of any  
(Print Parent/guardian's Name)

information and/or records requested by **Wellstar Volunteer Services.**

Name of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

School Counselor's Name: \_\_\_\_\_

School Counselor's email: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

**STUDENT—DO NOT WRITE BELOW THIS LINE AND RETURN WITH APPLICATION**

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**Guidance Counselor—please print.** The student listed above has applied for the Wellstar VolunTeen program. Please complete the below information and return this form as soon as possible as your recommendation is one requirement for consideration of acceptance.

1. Student's GPA: \_\_\_\_\_ 2. Is the applicant responsible?  Yes  No

Comments: \_\_\_\_\_

3. To your knowledge, does the applicant have any physical or emotional concerns that would affect their ability to work with patients?  Yes  No **If yes, please explain.**

4. Any additional comments: \_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date