



# Determined Individuals Visualizing Academic Success

## D.I.V.A.S. of Sarasota INC Mentoring & Leadership Program

*"Changing the World One Girl at a Time."*

<https://divasofsrq.org/>  
[divasofsrqinc@gmail.com](mailto:divasofsrqinc@gmail.com)

*Naquila Beachem Gregory-Vice President      Tiffany Larkins-President*

### AUTHORIZATION OF RELEASE SCHOOL RECORDS

I hereby authorize the release of records, documents, or other information concerning  
(name of DIVAS scholar): \_\_\_\_\_, DOB: \_\_\_\_\_ to  
**DIVAS of Sarasota INC**, and or their representatives. \_\_\_\_\_ (initial)

**This release covers all school records, including but not limited to, records pertaining to discipline, expulsions, suspensions, attendance, grades, transcripts, testing results and special education.** \_\_\_\_\_ (initial)

I understand that **DIVAS of Sarasota INC** and their representatives will regard all information as confidential and privileged. Any information thus released to them will be used for the sole purpose of assisting me and my child with mentoring and tutoring as needed. \_\_\_\_\_ (initial)

I also give **DIVAS of Sarasota INC**, and their representatives to visit my child at school during their lunch period and bring lunch from an outside venue during their visit. \_\_\_\_\_ (initial)

A copy of this Authorization shall be as valid as the original. This authorization is effective immediately and expires one year from the date below unless parent or Gaudian evokes their right of revocation. **I understand that I reserve the right to revoke this Authorization at any time.** \_\_\_\_\_ (initial)

Dated: \_\_\_\_\_

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

Print full name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_