



## Consent for Release of Reference Information - Minors

I am the parent or legal guardian of \_\_\_\_\_ (teen volunteer). I understand that my child has volunteered with the Salina Public Library and may request references for employment, educational programs, scholarships, or other opportunities.

By signing this form, I grant permission for the Salina Public Library to provide general reference information about my child to outside organizations upon request. This information may include, but is not limited to:

- Dates of volunteer service
- Number of volunteer hours completed
- General duties and responsibilities
- Overall performance, reliability, and conduct while volunteering

I understand that the library will not disclose sensitive, confidential, or disciplinary information and that providing a reference does not guarantee any outcome related to employment or acceptance.

This consent remains in effect until the volunteer turns 18 or until it is revoked in writing.

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### Authorization

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

Printed Name: \_\_\_\_\_

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

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### Library Use Only

Received by: \_\_\_\_\_

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