**Fall 2021**

**University of Tennessee Grief Outreach Initiative**

Once reviewed and signed by a parent/legal guardian,

please email to GOI Coordinator, Beth Anderson Walker, at [sander96@vols.utk.edu.](http://sander96@vols.utk.edu)

*I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, hereby authorize the University of Tennessee Grief Outreach Initiative to meet with my child at school.   
  
I understand that the Grief Outreach Initiative through UTK is a voluntary mentoring service provided to students within Knox and surrounding counties. I understand that the mentor paired with my child is a graduate student learning about grief and how to be a support to students, but is not a grief counselor and will not be providing counseling services.*

*I acknowledge that I understand the purpose of the request and that authorization is hereby granted voluntarily.*

**School Counselor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
**Student Information:**  
Student Name (Last, First, Middle): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

State: \_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_

Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_ Date of Birth (mm/dd/yy):\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  
  
**Requested Information or Documents:**  
[X] Other (Please explain in detail): Face to face, verbal communication

[X] Collateral Contact

**By my signature below, I consent to the release of the above listed information/documents.**

Printed Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

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

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_