



## Information Release

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**ALL THE INFORMATION RECEIVED WILL BE KEPT CONFIDENTIAL IN COMPLIANCE WITH THE FAMILY RIGHTS AND PRIVACY ACT.**

My signature below authorizes Jokhyki Enterprise, **The Graduation Coach** service to:

Request a copy of my elementary, middle and, high school assessment tests, high school/and or college transcript, test scores, and or documentation of grade promotions or graduation;

Request a copy of my test score reports (ACT, SAT) from the American College Testing Programs, College Board, and Educational Testing Services;

Communicate with teachers, counselors, administrators, representatives from agencies or post secondary institutions on my behalf.

### Authorization Statement

I hereby authorize **The Graduation Coach** to contact and request information from, as well as, to supply information to the above mentioned parties.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



**WRITTEN CONSENT OF PARENT OR LEGAL GUARDIAN  
FOR SCHOOL SYSTEM TO RELEASE EDUCATION RECORDS  
OF PUBLIC SCHOOL STUDENT DIRECTLY TO THIRD PARTY**

I, \_\_\_\_\_, as parent or legal guardian for \_\_\_\_\_

(hereinafter, the "Student"), hereby give permission to officials of the \_\_\_\_\_ to disclose confidential education records of the Student, and/or any personally identifiable information contained in those education records, to \_\_\_\_\_ upon his/her request. The education records governed by this waiver shall include \_\_\_\_\_. The purpose of these disclosures shall be to \_\_\_\_\_. I understand that I may revoke this authorization at any time by providing my signed written notice to the appropriate \_\_\_\_\_ officials. Absent such notice, this authorization shall expire on \_\_\_\_\_. I acknowledge that this form constitutes my written consent to the release of confidential student records and/or confidential personally identifiable information that are protected under the federal Family Educational and Privacy Rights Act (FERPA) and state law governing the confidentiality of student records and personally identifiable information contained in such records. I certify that I am the parent or legal guardian of the Student and that I have authority to execute this document regarding the Student's education records.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

\_\_\_\_\_  
Name of Parent/Guardian (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip code

\_\_\_\_\_  
Contact Telephone Number



## Internet/Photo Release Agreement

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My signature below indicates that I am providing consent for my son/daughter to utilize the Internet for educational purposes in accordance with Acceptable Use Policy of The Graduation Coach. Additionally, I agree and consent to allow the photographs, and/or audio/video recordings taken or created during the program participation sessions, other public/private events, and similar items to be placed on the web and in the public information materials. I further agree to allow The Graduation Coach to release, for educational purposes, photographs and video recordings, with or without audio, of program activities and projects including my child and/or their likeness.

\_\_\_\_\_  
Student Participant (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduation Coach (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Participation Agreement

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I, \_\_\_\_\_ (Parent) the parent/guardian of \_\_\_\_\_ (Student) agree to do my best in supporting my child to become college and/or career ready. I will also teach, model, and allow my child to participate in activities that will create a productive active citizen before graduating from High School. Parents will advocate for Students and share with family and friends the knowledge gained on how to create/maintain and nurture future college, career, and productive citizens.

The Parents understand that Jokhyki Enterprise staff provides information to help parents support the consumer in making sound educational decisions. Parents must understand that all decisions are theirs and not those of Jokhyki Enterprise therefore I will not hold Jokhyki Enterprise and its staff responsible for the decisions made. I understand Jokhyki will do their best in providing updated and relevant information that is pertinent to my child for the most successful outcome.

Parent agrees to pay all memberships and fees at time or date of service and/or remaining balance by the **5<sup>th</sup>** or **20<sup>th</sup>** of the month in which they are due. If payment is not received there will be a late fee of \$5.00 USD or 3 percent whichever is greatest. Parents understand that Jokhyki Enterprise is the parent company of the Graduation Coach and both have legal rights to collect on any current or outstanding balances for services that have been or will be rendered to my child or myself. Services rendered will receive an invoice to responsible party for payment. If other than parent please specify responsible party name here \_\_\_\_\_ and have party sign responsible party consent.

If parent desires to discontinue services with the Graduation Coach they must contact them in writing. Parents understand that the effective date of discontinued services will be the date of response from Jokhyki Enterprise in writing. This notice will serve as the discontinued



date of service and the balance remaining on your account. All services and charges will end on the date of the confirmation of receipt. Parents understand that all previously incurred fees must be paid within ten business days. I understand that The Graduation Coach can terminate services at any time if parent/child violates any participation policies/procedures, and/or verbal/written agreements.

_____ Student Participant (PRINT)	_____ Signature	_____ Date
_____ Parent/Guardian (PRINT)	_____ Signature	_____ Date
_____ The Graduation Coach, (PRINT)	_____ Signature	_____ Date



## Financial Responsibility Statement/Release of Information Authorization

I authorize the release of any client information necessary to my \_\_\_\_\_ named \_\_\_\_\_ and the Payment of Service to The Graduation Coach of Jokhyki Enterprise for services received. I also authorize the release of information to the concerned party paying or sponsoring my services. I understand that this authorization remains valid unless/until I revoke it myself in writing.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or Legal Guardian

I acknowledge responsibility for memberships and payments of all client fees regardless of concerned parties or sponsors I may have to assist me in this responsibility. The only exception will be charges for services Jokhyki Enterprise has put in writing that no charges are incurred. If for any reason the account should become delinquent, I am liable to pay for all collection and legal fees.

X \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Patient or Legal Guardian