



Student name: _____

Date of Birth: _____

Student Number (if known): _____

Student Grade (if previously assessed): _____

School Name: _____

To Whom It May Concern,

_____ is a registered volunteer for our 501c3 organization, Refugee Assistance Alliance. He/she has completed all requirements to be certified as an advocate on behalf of the _____ family and will be assisting them in matters related to their children's schooling, including acting as a liaison on behalf of the parent(s). _____ agrees to keep the parent informed of all information pertaining to the child, and defer to the parents in all decision making. As indicated by the signature below, the _____ family have authorized _____ to speak, act, and receive student information on their behalf for assistance.

Parent Printed Name: _____

Parent Signature: _____

Date: _____

RAA Volunteer Printed Name: _____

RAA Volunteer Signature: _____

Date: _____

