The MAYHEW Program
293 West Shore Road
Bristol, NH 03222
603-744-6131
email: mayhew@mayhew.org
www.mayhew.org

AUTHORIZATION FOR DISCLOSURE OF INFORMATION

TO: _____ (Referring Person's Name)

_____ (Referring Person's Title)

_____ (Referring Person's Address)

_____

RE: _____ (Minor's Name)

_____ (Minor's Date of Birth)

_____ (Minor's Parent/Guardian)

_____ (Minor's Address)

_____

I, _____ (Parent/Guardian Name), as the parent/legal guardian of the above-named minor, hereby authorize the disclosure of the minor's personal, health and educational information by the above-named Referring Person as specified below.

RECEIVING PARTY:

Name:	Mayhew Program
Address:	293 West Shore Rd., Bristol, NH 03222
Contact Person:	Greg Stoutzenberger, Program Director
Phone:	(603) 744-6131

PURPOSE OF DISCLOSURE:

This authorization is given for the specific purpose of providing information necessary for the evaluation and consideration of the above-named minor's referral and application to the Mayhew Program.

The Mayhew Program is a nonprofit organization based in Bristol, NH serving New Hampshire boys. We provide a three-week summer camp experience joined by a year-round mentoring program that supports boys who need it most. Founded in 1969, Mayhew focuses our program on the core values of Community, Challenge, Respect, and Responsibility. Our trained full-time

staff work with boys, believing in them before they believe in themselves. All programming is provided tuition-free to our participants. A referral from a guidance counselor, teacher, mental health professional, social worker, case manager, etc. is necessary for our enrollment process. In determining the right fit, our application is unique and asks for specific information.

INFORMATION AUTHORIZED FOR DISCLOSURE:
I authorize the Referring Person to disclose the following categories of information:

- ☐ Academic performance and records
- ☐ Behavioral observations and assessments
- ☐ Social and emotional development information
- ☐ Special educational needs or accommodations
- ☐ Disciplinary records (if any)
- ☐ Health-related information relevant to camp participation
- ☐ Counseling notes and recommendations
- ☐ Other: _____

SCOPE AND LIMITATIONS:
This authorization consents to disclosure of the minor's personal, health and educational records maintained by the Referring Person and covers the period of time from November 1, 2026 (start date) through present or August 1, 2027 (end date). The disclosure shall be limited to information directly relevant to the Mayhew Program's referral and application process.

CONSENT ACKNOWLEDGMENTS:
By signing below, I understand and acknowledge that:

1. This consent is given voluntarily, and I have the right to refuse to sign this authorization.
2. The information disclosed may include personal, health and educational information and records protected under federal and state privacy laws.
3. Once disclosed, the information and records may not be protected by the same confidentiality regulations.
4. The Referring Person will make reasonable efforts to disclose only the minimum information necessary for the stated purpose.
5. I may revoke authorization at any time in writing, but if I do, it will not have an effect on any actions taken prior to revocation.
6. I understand that I am entitled to request a copy of the information and records disclosed pursuant to this authorization upon written request to the Referring Person and the Mayhew Program.

REVOCATION AND EXPIRATION:
I understand that I may revoke this authorization at any time by providing written notice to the Referring Person and the Mayhew Program at the addresses listed herein, but I understand that revocation will not have an effect on any action taken prior to revocation. This authorization will automatically expire on June 15, 2026 or upon completion of the summer camp application process, whichever occurs first.

PARENT/GUARDIAN CERTIFICATION:

I certify that I am the parent or legal guardian of the above-named minor and have the legal authority to make decisions regarding this authorization. I have read and understand this authorization and voluntarily consent to the disclosure described herein.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Relationship to Minor: _____

Address: _____

_____

Phone: _____

Email: _____

REFERRING PERSON'S ACKNOWLEDGMENT:

I acknowledge receipt of this authorization and agree to disclose only the information specified above for the stated purpose.

Referring Person's Signature: _____ Date: _____

Print Name: _____

Title: _____

Relationship to Minor: _____

Address: _____

_____

Phone: _____

Email: _____