

The Book Works

Consent to Participate and Access Records

advocates@thebookworks.org

Call or Text (502) 276-6136

Participant Name: _____ Phone: _____

Guardian Name (if under 18 years): _____ Phone: _____

The Book Works

The Book Works is a non-profit organization that advocates for youth and young adults to have equitable access to education and employment. The Book Works may, for instance, assist youth, young adults, and learners by:

- Connecting them with an Education Advocate
- Connecting them with a program hosted by The Book Works
- Creating opportunities for young people to build connections, learn new things, and explore their creativity

The Book Works is not part of the court or school systems. The Book Works does not provide legal advice or homeschool curriculum. All programs and services are voluntary.

Information Protections

The program may collect information on the education history and goals, contact information, services requested or received, and demographic information of the person served. Sharing information with The Book Works is voluntary and all information will be kept in a confidential database that is exclusive to The Book Works. In accordance with the Family Educational Rights and Privacy Act (FERPA), all information will be kept private unless required by law. A participant or their parent/guardian (if under 18 years) must provide consent for The Book Works to access or share their information and may revoke permission and participation at any time.

Consent to Participate

I understand the goals of this program, The Book Works, to assist the participant to reach their education and goals and that The Book Works does not provide legal advice. Yes ___ No ___

I understand that The Book Works may directly contact the participant of the program. Yes ___ No ___

I understand The Book Works may follow-up on the participant's school attendance after services. Yes ___ No ___

I give consent for The Book Works to access and share information on the participant with:

Schools: _____

Agencies: _____

Community Organizations: _____

Participant Signature: _____ Date: _____

Guardian Signature (under 18 years): _____ Date: _____

About the Learner

Preferred Name: _____ Pronouns: _____

Cell Number: _____ Email Address: _____

Guardian Phone: _____ Guardian Email: _____

Current or most recent school: _____ Current or most recent grade in school: _____

Current Address (street address, city, zip): _____

Date of Birth: _____ How old are you today? _____

How do you describe your race and ethnicity? _____

Are you Hispanic/Latine? Yes _____ No _____ What is your preferred language? _____

How do you describe your gender/gender identity? _____

What are your goal(s) for working with The Book Works?

- Work with an Education Advocate
- Attend an Education Engagement Hub
- Participate in an after-school or summer program
- Other: _____

Are there any physical or behavioral health concerns (including allergies and medical conditions) that impact you at school? What should we know about your health concerns?

The Book Works can talk with trusted adults about my goals and needs.

Name: _____ Contact: _____

Name: _____ Contact: _____

Other information you would like us to know: