

PARENT PERMISSION FOR THE DISTRICT TO COMMUNICATE ABOUT A STUDENT
WITH THE PARENT VIA FACSIMILE AND/OR E-MAIL

Student's Name: _____ DOB: _____

Building: _____ Grade: _____

Parent's Name: _____

Parent's E-mail Address: _____

Parent's Facsimile Number: _____

I give permission for staff members from the Willard City School District to communicate with me, concerning the above identified student, via e-mail and/or facsimile at the e-mail address and/or facsimile number provided above. I understand that the District is unable to guarantee the confidentiality of any information sent using e-mail or facsimile during the transmission of the message/fax. I further agree that I am the only one with access to the e-mail account and/or facsimile number listed above, and that if other individuals have access to the e-mail address and/or facsimile number listed above, that I hereby release the District from any responsibility and liability for any disclosure of student personally identifiable information to anyone who accesses the e-mail address and/or facsimile number listed above. I further acknowledge it is my responsibility to notify the District of any changes in the e-mail address and facsimile number listed above. Finally, I agree to promptly respond to any "test" e-mail message sent from the District to my e-mail address to confirm that the address provided has been properly inputted into the District's/staff member's address book.

Parent's Signature

This permission form is for the _____ school year. It will remain valid until the District receives written direction from the parent to the contrary, or the present school year ends, whichever occurs first.

12/05