

RELEASE FORM FOR THE ELECTRONIC DISPLAY OF PERSONAL INFORMATION

Student Name: _____ Grade: _____ Student ID: _____

I, _____, do give my permission for certain personally identifiable information about my child or a photograph of my child to be electronically displayed and produced by the District. The information or photo to be displayed is:

____ I do *not* give permission to electronically display personally identifiable information of my child.

Signature of student's parent or guardian: _____

Home address: _____

Date: _____ Home phone number: _____