

Permission for the Transfer and/or Release of Confidential Student Information by Email or Fax

Communication with you about your child's education is a priority for _____ and Broken Arrow Public Schools. Your permission is required to communicate with school personnel through email and/or by fax. Please complete the information requested below.

Student's Name: _____

Student's Grade: _____ Student's Teacher: _____

Student's School: _____

Parent/Legal Guardian Name: _____

Home Address: _____

City, State, Zip: _____

As a parent or legal guardian of the student named above, I request that the following part of my child's records be provided through email and/or fax.

Please check all that apply:

Student's current grades

Student's behavior

Student's current attendance

Review of student's progress

Other (please specify): _____

Email address for information requested: _____

Fax number for information requested: _____

I understand that this request could compromise the confidentiality of my student's information. If a student is over 18 years of age he/she must also sign this agreement.

Signature of Parent/Guardian

Date

Signature of Student (if over 18 years of age)

This agreement is valid for the 2011-2012 school year only. This information will be maintained in the Principal's office.

Broken Arrow Public Schools is an equal opportunity educational institution