



## Authorization for the Transmission of Student Information by Fax and E-mail

Name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

As the parent/guardian of the student named above, I authorize the Noblesville Schools to send information concerning this student to me by fax [telecopier] and e-mail. I recognize that sharing information in this way simplifies and expedites communication between the school and our family, but also presents a small risk of interception or mistake.

We agree to promptly notify each school our children attend of any change in our fax number or e-mail address.

We agree that this authorization will remain in effect for the balance of this student's enrollment in the Noblesville Schools unless we revoke it by returning a copy of this form with the revocation box below checked to the Principal of our student's school.

You may send information to: E-mail address: \_\_\_\_\_

Fax number: \_\_\_\_\_

Note: Do not list a fax or e-mail address you do not authorize the Noblesville Schools to use.

\_\_\_\_\_  
Printed name of parent or legal guardian

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of parent or legal guardian

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

[ ] We hereby revoke the authorization given by this document.

\_\_\_\_\_  
Printed name of parent or legal guardian

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date