

Act 837 Academic Consent Form 1504

Dear Parents and Guardians,

You are receiving this consent form because your child is enrolled in_____.
 We offer supplemental educational services and testing opportunities to students enrolled in this course by sharing some personally identifiable information through release to:

- _____
- _____

I understand that:

- As part of the requirement for registration with the organization and/or company listed above, my student or student’s school will provide information about my student through the sharing of some or all of the following information with my permission:
 - First and last name
 - Grade, classification, and graduation date
 - School and district name
 - Birth date
 - Postal address
 - Telephone number
 - Social security number, if applicable
 - School ID number
 - Email address
 - Academic eligibility information, such as transcripts
 - Financial aid eligibility status
 - _____
 - _____
 - _____

I give permission to the Calcasieu Parish School Board and/or my school/staff to disclose my child’s personal information to the entities listed for the purposes stated above.

Signature of Parent/Legal Guardian Parent/Legal Guardian’s Full Name (print)

Date Child’s Full Name (print)

Building Foundations for the Future