

[INSERT SCHOOL NAME] CONSENT FORM

Dear Parents and Guardians,

You are receiving this consent form because [insert reason for disclosing students' PII, including implications for students].

I understand that:

- [Insert reason for disclosing students' PII].
- The [Insert names of organizations disclosing and/or receiving students' PII] will maintain the confidentiality of my student's personally identifiable information in accordance with law.
- To accomplish this, the following student data must be shared:
 - [Insert list of data elements]

I CONSENT to the [Name of organization disclosing data] disclosing my child's personal information listed above to [Name of organization receiving data] for the purposes stated above.

Signature of Parent/Legal Guardian

My Full Name (please print)

Date

My Child's Full Name (please print)