

Coopersville Area Public Schools

Consent To Share Information

(Permission from Parent/Legal Guardian to share information)

I, _____ authorize _____
(Print – Parent/Legal Guardian) (Non-Guardian Individual)

to exchange verbal and/or written information with any Coopersville Area Public Schools staff in regards to my child(ren) listed below:

_____	_____
_____	_____
_____	_____

Relationship to Student(s): _____

I authorize Coopersville Area Public Schools to contact the individual listed above to share any pertinent information or to discuss any educational, social, and psychological information pertaining to my child(ren) listed above.

Comments: _____

Signature of Parent/Legal Guardian

Date

Signature of Parent/Legal Guardian

Date