



## POTTSGROVE SCHOOL DISTRICT

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1301 Kauffman Road, Pottstown PA 19464  
P: (610) 327-2277 F: (610) 327-2530

I am the parent or legal guardian of \_\_\_\_\_

and hereby consent to the electronic transmission of forms and records, and other documents that might

contain personally-identifiable information concerning my child, to the following electronic mail address:

\_\_\_\_\_.

Information transmitted could include, if applicable, Individualized Educational Programs, Evaluation and Reevaluation Reports, Prior Written Notices, Procedural Safeguards Notices, and other documents related to special education programming. I understand that information transmitted to this address will not be encrypted or otherwise protected and that the security of that information after transmission is entirely my responsibility.

I also understand that this consent shall remain in effect unless and until it is revoked in writing by me and that written revocation is received by the school district.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Printed Name of Parent or Guardian