



CHESTERTON

HIGH SCHOOL

Date: _____

I, as the legal parent or guardian of:

(Please print students full name and grade)

give my permission to the Duneland School Corporation, Chesterton High School, the Athletic Department and its representatives to disclose information from athletic and educational records to those requesting them.

Please check one:

_____ Any coach, college, or university representative

_____ Only those listed here:

**This information might include,
but is not limited to:**

Name
Grade Level
Photograph
Address
Telephone Listing
Transcript
GPA/Class Rank

Test Scores
Attendance
Weight, Height and Other
Statistical Information
Extra-Curricular Activities
Honors and Awards

Parent/Guardian Signature: _____

Printed Name: _____

Student Signature: _____

Printed Name: _____

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