



Dublin City School District

Relations
9150 F1
Revised 2/5/13

Parent Permission for School Visitor

- To be completed by parent prior to sending a visitor to observe student at school.
 - Upon completion of this form, please return to your child's school prior to the date of visitation.
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School: _____

Date and time of visitation: _____

School visitor's name: _____
(Last) (First) (M.I.)

Agency: _____

Agency address: _____

Agency phone: _____

Student name: _____

Parent name: _____

Parent address: _____

Parent phone: _____

Reason for visit: _____

I have read and agree to follow the provisions of the attached **Administrative Guideline 9150 – School Visitors**. I understand that I am under obligation to keep confidential, and not release or permit access to, any and all student personally identifiable information to which I might be exposed, except as authorized by law.

Parent's Signature

Date