

CONSENT TO EXERCISE EDUCATION RIGHTS

I, _____, the parent/legal guardian of _____, who resides at _____ and born on ____ day of _____, 20__, (“Student”)

Do hereby authorize _____, to have education rights regarding Student and to access any and all school records and information (verbal or written) pertaining to Student including, but not limited to, academic, discipline, and health/medical (including all COVID-19 issues).

This authorization is effective on this ____ day of _____, 2025 and shall not expire until the undersigned submits a separate written withdrawal of this Consent document.

Parent/Legal Guardian

Date

Printed Name

Signature of Witness

Date

Printed Name

Signature of Authorized Individual

Date

Printed Name