

Date:\_\_\_\_\_

## Parent/Guardian Authorization to Send IEP/504 Documents and Related Information via Electronic Mail

| Student Name:  | Date of Birth:   | _ ID#:  |
|--|--|---|
| I hereby give my permission to the Chicago Pu copies of my child's eligibility, Individualized Edelectronic mail (email). I understand that receivincrease the risk that this information could be form, I assume all risks associated with the segranting permission to send the IEP and eligibit documents via email until I notify the case main revoking authorization to provide such documents | ducation Program (IEP), and 5 ving such confidential information in advertently accessed by the curity of this emailed documently documents via email, CPS nager at my child's current scl | 04 related documents via<br>ation via email could<br>ird parties. By signing this<br>entation. I understand by<br>will continue to send these |
| Information to be Emailed to Parent/Guardian   |  |   |
| Check all that apply:  |  |   |
| <ul> <li>Notification of Conference</li> <li>Evaluation Reports, including Learning Entering</li> <li>Draft copies</li> <li>Finalized copies</li> </ul>  | nvironment Interventions form  | 1   |
| <ul> <li>IEP Documents, including but not limited</li> <li>Draft copies</li> <li>Finalized copies</li> <li>504 Documents, including but not limited</li> <li>Finalized copies</li> </ul>   |  |   |
| <ul> <li>IEP Progress Reports and Report Cards</li> <li>School Assignment Letter</li> </ul>  |  |   |
| Certification of Email Address   |  |   |
| I hereby certify that<br>only email address that Chicago Public School<br>and IEP/504-related documents via email.   | is my<br>s may utilize to provide the ab   | email address, and it is the bove-mentioned eligibility   |
| If I do not give my permission, I understand the documents will be provided to me by the Chica hand delivery.  |  |   |
| Parent/Guardian/Adult Student's Signature:   |  |   |