**Consent to Receive Electronic Communication** Date:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Student:** | Vorwald |  | Logan |  |  | **Birthdate:** | 09/27/2008 |
|  | Last |  | First |  | M.I. |  |  |

**Parent(s) and Guardian(s):**By signing below, you consent to receive electronic communication regarding your child's eligibility for and/or receipt of special education services. "Electronic communication" may include, but is not limited to, email, on-line applications, and other web services or websites utilized by your school district or the area education agency to share information about your student. This consent covers all electronic communication that concerns your child's eligibility for and/or receipt of special education services, including, but not limited to, evaluations and reevaluations, Individualized Education Program (IEP) services and accommodations, Prior Written Notices (PWN), Meeting Notices, Procedural Safeguards, and due process notifications. The security of electronic communication cannot be guaranteed.

This consent does not pertain to other electronic communications that are unrelated to your child's special education services. The school district or area education agency may send other electronic communications at any time without consent, consistent with their respective technology policies. For example, an email from your child's special education teacher about an IEP service would require consent, but an email from your child's general education teacher about a field trip would not.

***I give my consent*** to receive electronic communications. Please sign and date below.

I understand that 1) this consent is voluntary and will continue to be in effect until modified or revoked by me in writing, and 2) this consent may be revoked at any time.

|  |  |
| --- | --- |
| Parent/Guardian Name: | Parent/Guardian Name: |
| Signature: | Signature: |
| E-mail Address: | E-mail Address: |
| Date: | Date: |

***I do not consent*** to receive electronic communication. Please sign and date below.

I understand that 1) communication will be provided by alternative means such as U.S. Mail and 2) I may choose to receive electronic communications at any time.

|  |  |
| --- | --- |
| Parent/Guardian Name: | Parent/Guardian Name: |
| Signature: | Signature: |
| Date: | Date: |

The IEP team has been unable to obtain written consent from parents at this time. Communications on special education matters will be provided by alternate means such as U.S. Mail. For additional information on providing consent to receive electronic communication, please contact:

Name:

Position:

Date:

Phone Number:

**Date Printed: 08/30/2019**

Copies: School, AEA, Parent(s)

July 1, 2019

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