



POTTSGROVE SCHOOL DISTRICT

ADMINISTRATIVE OFFICES

1301 Kauffman Road
Pottstown, PA 19464-2398
Phone: (610) 327-2277
Fax: (610) 327-2530

I am the parent or legal guardian of _____ and hereby consent to the electronic transmission of forms and records, and other documents that might contain personally-identifiable information concerning my child, to the following electronic mail address: _____.

Information transmitted could include, if applicable, Individualized Educational Programs, Evaluation and Reevaluation Reports, Prior Written Notices, Procedural Safeguards Notices, and other documents related to special education programming.

I understand that information transmitted to this address will not be encrypted or otherwise protected and that the security of that information after transmission is entirely my responsibility. I also understand that this consent shall remain in effect unless and until it is revoked in writing by me and that written revocation is received by the school district.

Date

Parent or Guardian Signature

Printed Name of Parent or Guardian