## North Penn School District

Consent for Electronic Transmission of Forms, Records, and Other Documents

| I am the parent or legal guardian of |                |               |                              |          |      |       |           |       | _ and hereby consent to the |         |            |  |
|--------------------------------------|----------------|---------------|------------------------------|----------|------|-------|-----------|-------|-----------------------------|---------|------------|--|
| electronic tra                       | ansmission of  | f forms, reco | ords,                        | and ot   | her  | docu  | iments 1  | that  | might con                   | tain pe | ersonally- |  |
| identifiable                         | information    | concerning    | my                           | child    | to   | the   | follow    | ing   | electronic                  | mail    | address:   |  |
|                                      |                | I und         | erstar                       | nd that  | info | rmat  | ion tran  | smit  | tted to this                | addres  | s will not |  |
| be encrypted                         | or otherwise   | protected ar  | ıd tha                       | at the s | ecur | ity o | f that in | forn  | nation after                | transr  | nission is |  |
| entirely my i                        | responsibility | . I also und  | ersta                        | nd that  | thi  | s con | sent sh   | all r | emain in e                  | ffect u | nless and  |  |
| until it is rev                      | oked in writi  | ng by me and  | l that                       | writte   | n re | vocat | ion is re | eceiv | ed by the s                 | school  | district.  |  |
|                                      |                |               |                              |          |      |       |           |       |                             |         |            |  |
|                                      |                |               |                              |          |      |       |           |       |                             |         |            |  |
| Date                                 |                | F             | Parent or Guardian Signature |          |      |       |           |       |                             |         | <u> </u>   |  |
|                                      |                |               |                              |          |      |       |           |       |                             |         |            |  |
|                                      |                | -<br>I        | rinte                        | d Nam    | e of | Pare  | ent or G  | uard  | ian                         | ····-   |            |  |