

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 Chic copies of my child's eligibility, Individualize electronic mail (email). I understand the increase the risk that this information of this form, I assume all risks associated by granting permission to send the IEP these documents via email until I notify that I am revoking authorization to provide	zed Education Program (nat receiving such confi- could be inadvertently ac with the security of this er and eligibility documents of the case manager at r	IEP), and 504 related doculdential information via enacessed by third parties. Emailed documentation. I uns via email, CPS will continuty child's current school,	ments via nail could By signing nderstand ue to send
Information to be emailed to parent/gua Check all that apply	<u>ırdian:</u>		
□ Notification of Conference			
☐ Evaluation Reports, including L	earning Environment Inte	erventions form	
☐ Draft copies	ŭ		
☐ Finalized copies			
\square IEP Documents, including but r	not limited to data collect	on forms and SSCA docur	ments
☐ Draft copies			
☐ Finalized copies			
\square 504 Documents, including but	not limited to assessmen	ts and data collection form	าร
☐ Finalized copies			
\square IEP Progress Reports and Repo	ort Cards		
☐ School Assignment Letter			
Certification of email address:			
I hereby certify that address that Chicago Public Schools IEP/504-related documents via email.	is my e may utilize to provide t	mail address, and it is the a he above-mentioned eligi	only email ibility and
If I do not give my permission, I understandocuments will be provided to me by the hand delivery.			
Parent/Guardian/Adult Student's Signat	ure:		
Data			
Date:			