

# Email Consent Form

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I give \_\_\_\_\_  
(enter teacher name) permission to communicate with my child  
about class assignments and information via their personal email  
account during the 20\_\_ - 20\_\_ school year. Below is the  
authorized email address for you to use.

Student Email:

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Parent's Signature:

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Student's Signature:

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Scan, deliver or mail forms to teacher or put in CLC general mailbox.