

**EACS PARENT ACCESS
CONSENT FORM**

PLEASE COMPLETE THIS CONSENT FORM
REQUESTING THE SCHOOL TO
RELEASE THE DESIGNATED STUDENT'S AUTHORIZATION CODE

Student's Name: _____

School: _____

Grade: _____

East Allen County Schools is offering parents and legal guardians an opportunity to use the Internet to access their student's data. The primary purpose of this program is to keep parents better informed as to their student's progress and status in school. Due to technical problems, both within as well as outside the control of East Allen County Schools, continuous access to this website cannot be guaranteed.

Release of this authorization code provides a risk for possible breach of security. Liability for maintaining the privacy of a username's password is the sole responsibility of the signor of this form. Liability for maintaining the privacy of an authorization code and username is the shared responsibility of the signor of this form and of school officials.

You are reminded that your participation is voluntary. Continued participation may be terminated by written request of the signor or by school officials, with or without cause.

I have read the above information and have been informed of its general purpose. I am fully aware of the risks and benefits associated with participating in the program. I acknowledge that I have received a copy of the informed consent form and desire to participate in the program. I understand that East Allen County Schools may disable my access with or without cause.

Print name

Date

Signature of Parent/Guardian