

PARENT/GUARDIAN AUTHORIZATION TO SEND IEP DOCUMENTS AND RELATED INFORMATION VIA ELECTRONIC MAIL

MICHIGAN CITY AREA SCHOOLS
408 S CARROLL AVENUE
MICHIGAN CITY, IN 46360
(219) 873-2000/8333 FAX: (219) 877-3548

I hereby give my permission to the Michigan City Area Schools (MCAS) to provide me with copies of my child's eligibility and Individualized Education Program (IEP) related documents via electronic mail (email). I understand that receiving such confidential information via email could increase the risk that this information could be inadvertently accessed by third parties. By signing this form, I assume all risks associated with the security of this emailed documentation. I understand by granting permission to send the IEP and eligibility documents via email, MCAS will continue to send these documents via email until I notify the teacher of record at my child's current school, in writing, that I am revoking authorization to provide such documents via email.

Information to be emailed to parent/guardian:

Check all that apply

- Notification of Conference
- Evaluation Reports, including Learning Environment Interventions form
 - Draft copies
 - Finalized copies
- IEP Documents, including data collection forms
 - Draft copies
 - Finalized copies
- IEP Progress Reports and Report Cards

Certification of email address:

I hereby certify that _____ is my email address, and it is the only email address that MCAS may utilize to provide the above-mentioned eligibility and IEP- related documents via email.

If I do not give my permission, I understand that the above-mentioned eligibility and IEP-related documents will be provided to me by the Michigan City Area Schools via United States Mail or personal hand delivery.

Parent/Guardian/Adult Student Signature: _____

Date: _____

PARENT PERMISSION FOR ELECTRONIC DELIVERY

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- I give my child's Teacher of Record (TOR) permission to send the Individualized Educational Program (IEP), progress reports, procedural safeguards and other forms of special education documents by way of electronic mail (email) delivery.

Student Name: _____

School: _____

Teacher of Record: _____

Parent Printed Name: _____

Parent Email Address: _____

Parent Signature: _____

Date of Signature: _____

My permission remains valid during the time period that my child is eligible for special education services unless I revoke permission in writing.