The Hagedorn Little Village School (HLVS) Jack Joel Center for Special Children

Parental Consent to Use E-mail to Exchange Personally Identifiable Information

Parent's Name:		
Child's Name:	D.O.B	Room #
HLVS staff members (teachers, therapists, communicate with you via email regarding y personally identifiable information by e-mail prior to giving your permission. These risks	our child's program and pr has a number of risks that	ogress. Sending you should be aware of
• E-mail can be forwarded and stored in ele of the parent.		
 E-mail sender can misaddress an e-mail a incorrect recipients by mistake. E-mail sent over the internet without encry unknown third parties. 		
 E-mail content can be changed without the Backup copies of e-mail may still exist ever messages. 	•	
 Employers and on-line service providers h systems. E-mail can contain harmful viruses and oth 	-	sent through their
Parental Acknowledgement and Agreement		
I acknowledge that I have read and underst risks of using e-mail to communicate persor (Parents/Guardians):	and the items above which	
Name:	Name:	
authorize HLVS staff (teachers, therapists, path me at the following email address(s):	psychologists, supervisors, and	,
concerning my child's program at HLVS, inconservice delivery, his/her progress and any of without encryption presents the risks noted such information.	cluding but not limited to co other related matters. I unde	mmunication regarding erstand that use of e-mail
Parent/Guardian Signature		Date