

**School Administrative Unit #24**

Districts of

Stoddard    Henniker    Weare    John Stark

**AUTHORIZATION TO EMAIL SPECIAL EDUCATION DOCUMENTATION**

Student:

Date:

DOB:

School:

Grade:

I, \_\_\_\_\_, give my permission to the Special Education Department to send me information, such as, but not limited to, IEP documents and paperwork, meeting invitations, progress notes and evaluations to my email address: \_\_\_\_\_.

This permission will remain in effect until I notify the Special Education Department to discontinue sending me information through email.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date