**[INSERT SCHOOL NAME] CONSENT FORM**

Dear Parents and Guardians,

You are receiving this consent form because [insert reason for disclosing students’ PII, including implications for students].

I understand that:

* [Insert reason for disclosing students’ PII].
* The [Insert names of organizations disclosing and/or receiving students’ PII] will maintain the confidentiality of my student’s personally identifiable information in accordance with law.
* To accomplish this, the following student data must be shared:
  + [Insert list of data elements]

I DO NOT CONSENT to the [Name of organization disclosing data] disclosing my child’s personal information listed above to [Name of organization receiving data] for the purposes stated above.

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Signature of Parent/Legal Guardian My Full Name (please print)

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Date My Child’s Full Name (please print)