

ACKNOWLEDGEMENT AND SIGNATURE

I acknowledge by my signature that I understand that, although I am not required to release my child's records, I am giving my consent to release the information. This release will remain in effect while the child is enrolled in Dickinson Public School District unless I revoke such consent.

Parent's signature

Date

RETURN FORM TO:

Date form was returned to school: _____

Received by: _____

End of Dickinson Public Schools Exhibit FGA-E3.....Amended 09/21/2022