

**PARENT CONSENT FORM**  
**for**  
**Release of Personal Information**

We do not release names, addresses, or telephone numbers of our students to any group without your explicit permission. However, our school is required under the “No Child Left Behind” act to provide the names, addresses, and telephone numbers of high school students to military recruiters unless we receive a written request that this information not be disclosed.

Please check below to indicate whether you wish to have your child’s name, address and telephone number disclosed or whether you wish to be exempt from this requirement.

\_\_\_\_\_ DO NOT DISCLOSE my child's contact information without my prior permission.

\_\_\_\_\_ I AUTHORIZE Eleanor Roosevelt Community Learning Center to disclose my child's contact information.

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_