



Parent Teacher Organization

Chickamauga Elementary School
210 Crescent Avenue
Chickamauga, GA 30707
(706) 382-3100

Release of Information Consent form

By signing this form, I agree to give the Chickamauga Elementary PTO permission to release my personal information to other CES staff and personnel. This information may also be released to other Chickamauga Elementary parents such as room parents and PTO members.

I give permission to the CES administration, PTO and other school personnel and volunteers to (PLEASE INITIAL BELOW):

1. Contact me via telephone and e-mail _____ ★
INITIAL
2. Leave messages on my answering machine and cellular voice-mail. _____ ★
INITIAL
3. Have my contact information published in a school directory. _____ ★
INITIAL

The information that may be released is as follows:

PARENTS NAME, HOME PHONE, CELL PHONE, MAILING ADDRESS, CHILD AND TEACHERS NAME, E-MAIL

Please Print

NAME _____

CHILD'S NAME _____

CHILD'S TEACHER _____

HOME NUMBER(s) _____

CELL NUMBER(s) _____

MAILING ADDRESS _____

E-MAIL ADDRESS _____

SIGNATURE _____