

Dear Parents,

Every year parents ask for a class list of phone numbers and addresses of classmates. I cannot release any information about your child without your permission, so please indicate your preference and sign below. Please return this note to me as soon as possible.

_____ I authorize release of my phone number and address.

_____ I do not wish to release this information.

Child's Name: _____

Address: _____

Phone Number: _____

Email Address: _____

First Names of Both Parents: _____

Parent's Signature: _____

*Please note: You can put an asterisk next to the information you DO wish to be released, if you only want PARTIAL information to be listed.

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