

**Student Name:** \_\_\_\_\_ **ID #:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
(Last Name, First Name)

### **Email Information Release Authorization Form**

In the course of Providence High School activities and events, several of our vendors request emails lists to contact families directly when offering optional services. These Vendors include, but may not be limited to Lifetouch Photography (PHS exclusive school photographer) and Jostens (Graduation Services including apparel and Graduation Announcements- please note cap and gowns ARE included in Senior Graduation fees). Providence High School is very careful to protect our families' right to privacy when using this information and will only do so with your signed consent.

\_\_\_\_\_ I understand that Providence High School always has my families' best interests in mind. I **DO** give the school permission to release my email address.

\_\_\_\_\_ I **DO NOT** give permission for Providence High School to release my email address.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_