St. Vincent Catholic Schools – Authorization to Exchange Information Regarding Title I Services

Please complete this form for <u>each student</u> in grades K-6.

Dear Parent/Guardian:

program designed to provide additional academic support in the areas of reading and language. Please sign and return the form so that the Title 1 teacher can continue to offer support.	
Sincerely,	
St. Vincent DePaul Catholic Elementary School	
AUTHORIZATION TO EXCHANGE INFORMATION REGARDING TITLE I SERVICES	
Student Name:	Grade Level:
As parent(s)/legal guardians of the student identified above, I/	we authorize that:
 The school may provide copies of student record determining eligibility for services; and if eligible 	·
 The school may provide and the Title 1 teacher, school performance; and, 	agency may have access to my child's record of
 The school and Title 1 teacher/agency may exchange planning or monitoring progress in school and t 	
This authorization shall continue for the duration that my child school that we withdraw this permission.	d is eligible for Title 1 services or until I/we notify the
Signature of Parent(s) or Legal Guardian(s)	Date
Mailing Address/City/	State/Zip Code