Strengthening Higher Expectations for Learning and Leadership

Please provide names and contact information for parent(s) or guardian(s):

Name: ________________________________________  Name: _______________________________________

Home Phone: __________________________________  Home Phone: __________________________________

Cell Phone: ____________________________________  Cell Phone: _________________________________

How related to you: _____________________________  How related to you: ___________________________

This form allows TMCC Project SHELL personnel access to the above student’s quarterly grades, state assessment scores and final transcripts. This information is needed to remain compliant with required program tracking and reporting.

My Student’s Name: ____________________________________________________________________________

I agree to release my student’s quarterly grades, state assessment scores and final transcripts to TMCC Project SHELL personnel as outlined in the above statement. I also give TMCC Project SHELL permission to use my child in promotional materials such as newsletters, brochures and/or educational videos.

____________________________        __________________________________       _________________________
Parent/Guardian Name (Please Print)       Parent/Guardian Signature       Date