



Secondary Student Email Account OPT OUT Permission Form

Student Name: _____ Student ID: _____

School: _____

Parent/Guardian Name: _____

Email: _____ Phone: _____

OPT OUT

Please **DISABLE** the district email account for the above student. *(check the box)*

In order to better understand the needs of our community, we ask that you provide feedback outlining your decision to opt out. Thank you.

Parent/Guardian Signature: _____ Date: _____

Principal Signature: _____ Date: _____

Note to Parents: Opting out will not disable student network access, only email. Changes will take effect within two school days.

Note to School Registrar:

Revised status for student email to be entered in Infinite Campus after the completed permission form is signed by the student's parent or guardian and returned to the school. The original signed copy must be placed in the student's cumulative folder.