



HUDSON FALLS
SPECIAL EDUCATION

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Justine Miles
Director of Special Education

**PARENT AGREEMENT AND CONSENT TO RECEIVE SPECIAL EDUCATION
COMMUNICATION AND INFORMATION VIA ELECTRONIC MAIL (E-MAIL)**

I, Parent of _____ am hereby agreeing to accept all communication related to my child's special education programs and services via electronic mail for the district.

My consent to receive electronic communication from the district applies to all information and documentation related to the identification, evaluation, educational placement or the provision of a free appropriate public education to my child. This consent to receive information via electronic communication remains in effect unless and until I revoke my consent in writing to the district.

My email address is: _____

Parent Signature

Date

Print Parent Name