

PARENTAL CONSENT AND AUTHORIZATION OF RELEASE FORM

1. I hereby authorize my child’s teacher to: (1) Release his/her grades; (2) Release his/her proficiency in ELA and Math assessments; (2) Provide an opinion as to my child’s strengths and/or weaknesses in certain subject areas; and (3) Provide recommendations as it relates to my child’s skills and abilities, academic or otherwise, to I9 SPORTS ACADEMY.
2. I authorize I9 SPORTS ACADEMY to disclose the information provided by my child’s teacher to iEdapts LLC for the sole purpose of assisting iEdapts LLC with the development of educational content, including but not limited to, learning modules, assessments, etc., that may help my child improve his/her grades, proficiency levels in Math and ELA, and overall academic performance.
3. I understand that both I9 SPORTS ACADEMY and iEdapts LLC will take adequate measures to maintain confidentiality of any information released to them by my child’s teacher.
4. A copy of this Consent and Authorization shall be as valid as the original. This authorization is effective immediately and expires one year from the date below.

Dated: _____

Parent/Guardian Signature: _____

Teacher’s Printed Full Name: _____

Name of School: _____

PARENT/GUARDIAN

STUDENT

Parent/Guardian’s Printed Full Name

Student’s Printed Full Name

Parent/Guardian’s Phone Number

Student’s Grade Level

Parent/Guardian’s Email Address

Student’s Date of Birth