



RIVERSIDE COUNTY OFFICE OF EDUCATION

Riverside County Seal of Multiliteracy: *Parent Authorization*

Student Information

Full Legal Name: _____

Date: _____

Date of Birth: _____

Grade Level: _____

School Information

District: _____

School Representative: _____

School: _____

E-mail: _____

Parent Authorization: (To be completed by the parent or legal guardian.)

In accordance with the Family Educational Rights and Privacy Act (FERPA), I authorize the school to release state and national test scores for my student to the Riverside County Office of Education. I understand this information will only be used to consider the student for the Riverside County Seal of Multiliteracy. I give the Riverside County Office of Education permission to photograph and/or videotape my student for educational purposes. I give the Riverside County Office of Education permission to list the names of awardees on the Riverside County Office of Education website.

Print Parent Name

Date

Parent Signature

Checking this box constitutes a legal signature confirming that I acknowledge and warrant the truthfulness of the information provided in this document.