



Parent Authorization Form

I have read the 180 Degrees Program Information letter and understand its purpose and activities in which students will be participating. I authorize my child, _____ to enroll in the 180 Degrees Program.

I further permit the release of my child's school records for the semester before and the semester during the training pertaining to grades, attendance and behavior for the purpose of evaluating the progress of my child and effectiveness of the 180 Degrees Program. I understand that my child's name will not be published in connection with the information.

Address _____

Phone _____

Email _____

Parent/Guardian Print _____

_____ Date _____

Parent/Guardian Signature