



# Release of Specified Pupil Information To Designated Person/Agencies

## Yucaipa Christian Schools

34784 Yucaipa Blvd.  
Yucaipa, CA 92399  
909.790.9411  
Fax 909.797.5062

The school does not release information or records concerning your child(ren) to non-educational organizations or individuals without your consent. There are a number of organizations associated with education, such as the PTF of Yucaipa Christian School, which have a continuing need for names and addresses of students they represent. Also, release of certain information would benefit your child, such as information on athletic or academic awards, information for press releases, or information to organizations and institutions offering career opportunities to graduates. The various organizations and the types of information requested are listed below. Your consent is required for the release of such information. If you give your consent, please sign where indicated and return to school; such consent may be revoked by you at any time by notifying the school in writing. You may receive a copy of any information released by submitting your request in writing to the school office. This release of information will be retained on file for the duration of your child's attendance at YCS.

\_\_\_\_\_  
Name of Student

## CONSENT TO RELEASE PUPIL INFORMATION

*Please mark and sign under only one!*

**Full Consent**

I/We consent to the release of the specified information to the press, television, radio, or other organizations upon their request. This includes information concerning participation in athletics and other school activities; receipt of scholastic or other honors and/or awards; other such information.

I understand that this consent may be revoked at any time by written notification to the school.

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Guardian

\_\_\_\_\_  
Date

**Consent for PTF Directory ONLY**

I/We consent to the release of specified information to the PTF directory and room moms only. This includes names, addresses, and telephone numbers of students upon request.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**Decline**

I/We do not consent to the release of the specified information to the organizations and agencies noted above upon their request.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date