



# Google Apps for Education Permission Form

## TO BE RETURNED TO THE SCHOOL OFFICE

By signing below, I confirm that I have read and understand the following:

Under FERPA and corresponding Ohio law, a student's education records are protected from disclosure to third parties.

I understand that my student's education records stored in Google Apps for Education may be accessible to someone other than my student and The Licking Heights Local School District by virtue of this online environment. My signature below confirms my consent to allow my student's education record to be stored by Google.

I understand that by participating in Google Apps for Education, information about my child will be collected and stored electronically. I have read the privacy policies associated with use of Google Apps for Education (<http://www.google.com/a/help/intl/en/edu/privacy.html>). I understand that I may ask for my child's account to be removed at any time.

\_\_\_\_\_ YES, I give permission for my child to be assigned a full Licking Heights Local School District Google Apps for Education account. This means my child will receive an email account, access to Google Docs, Calendar, and Sites.

\_\_\_\_\_ NO, I do not give permission for my child to be assigned a full Licking Heights Local School District Google Apps for Education account. This means my child will NOT receive an email account or access to Docs, Calendar, and Sites.

Student Name: (Print) \_\_\_\_\_

Student ID # \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign and return this form to the office.