



PERMISSION TO RELEASE PARENTVUE ACTIVATION KEY TO DESIGNEE FORM

PLEASE PRINT

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Student's Name & School (include all children for whom you have educational rights):

Designee: _____

By signing this form, I authorize Spotsylvania County Public Schools to release my ParentVUE activation key to the designee as indicated above. I understand that my authorization will remain effective from the date of my signature. I do not hold Spotsylvania County Public Schools responsible should that information be compromised.

Signature of Parent/Guardian

Date

Return completed form to School Office or Fax to your school's registrar.

FOR SCHOOL USE ONLY

School: _____

Received By: _____ Date: _____

Print Name