

Due to concerns regarding confidentiality, in order for MAPS employees to correspond with you regarding your student(s) information via e-mail, we MUST have this consent form on file. Please list all e-mail addresses that you approve for MAPS employees to respond to. Thank you!

You do not need to fill this form out again if you have already previously done so unless there has been a change in your e-mail addresses.

**Email CONFIRMATION FORM**

(NOTE: You do not need to fill this form out again if you have already previously done so unless there has been a change in your e-mail addresses.)

I, \_\_\_\_\_, consent that staff members of Marquette Area Public Schools be able to  
(parent/guardian)

send information regarding \_\_\_\_\_  
(name of student(s) – please identify both first and last names)

to the following email addresses:

\_\_\_\_\_

\_\_\_\_\_  
(parent/guardian signature)

PLEASE RETURN TO MARQUETTE SENIOR HIGH SCHOOL  
MAIN OFFICE  
1203 W. FAIR AVENUE, MARQUETTE, MI 49855

