

**Rainbow Advanced Institute for Learning Digital Charter High School**

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**RELEASE OF INFORMATION CONSENT**

**PARENT CONSENT FOR RELEASE OF STUDENT NAME, ADDRESS, TELEPHONE NUMBER, AND SOCIAL SECURITY NUMBER**

Our school may be requested to provide the name, address, telephone number, and social security number of high school students to military recruiters, colleges, and other groups. **You do not have to participate in this program.**

Please check below to indicate whether or not you wish to have your child's name, address, telephone number, and social security number disclosed to the groups that may request it.

- I **DO** authorize the school to disclose my child's name, address, and telephone number to groups requesting the information.
- I **DO** authorize the school to disclose my child's social security number to the California Student Aid Commission for verification of student's GPA for Cal Grants awards.

**OR**

- DO NOT DISCLOSE** my child's contact information.

If you do not return this form, the school will assume that you authorize the school to release the requested information and the student's name, address, telephone number, and social security number will be released.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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