



# Parent Teacher Organization

Chickamauga Elementary School  
210 Crescent Avenue  
Chickamauga, GA 30707  
(706) 382-3100

## Release of Information Consent form

By signing this form, I agree to give the Chickamauga Elementary PTO permission to release my personal information to other CES staff and personnel. This information may also be released to other Chickamauga Elementary parents such as room parents and PTO members.

I give permission to the CES administration, PTO and other school personnel and volunteers to:

1. Contact me via telephone and e-mail \_\_\_\_\_  
*INITIAL*
2. Leave messages on my answering machine and cellular voice-mail. \_\_\_\_\_  
*INITIAL*

The information that may be released is as follows:  
PARENTS NAME, HOME PHONE, CELL PHONE, CHILD AND TEACHERS  
NAME, E-MAIL

Please Print

**NAME** \_\_\_\_\_

**PHONE NUMBER(s)** \_\_\_\_\_

**E-MAIL ADDRESS** \_\_\_\_\_

**CHILDS NAME** \_\_\_\_\_

**CHILDS TEACHER** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_