



### CONTACT CONSENT FORM

For Students Who Are “Emancipated Minors” or “Age of Majority” and their own Guardian.

I, \_\_\_\_\_, being an “age of majority” (adult) student, hereby designate the person(s) listed below as an additional contact. I give consent to Ottawa Area ISD to communicate, release and exchange, any written and verbal information about me with the following person(s):

#### First Contact

Contact Printed Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Information to be shared or released (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> All Personal Information | <input type="checkbox"/> School Information  |
| <input type="checkbox"/> Portal Access            | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Exceptions _____         |  |

#### Second Contact

Contact Printed Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Information to be shared or released (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> All Personal Information | <input type="checkbox"/> School Information  |
| <input type="checkbox"/> Portal Access            | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Exceptions _____         |  |

This consent will remain in effect for one year from the date that it is signed. I understand that I may revoke my consent at any time by contacting your school’s administration office.

\_\_\_\_\_  
Adult Student (Age of Majority) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Personnel Receiving Consent Signature

\_\_\_\_\_  
Date