



Digital Communication Informed Consent and Release (GBEF-EB)

Phoenix Union High School District No. 210 (the "District") recognizes that today's students are regular users of digital forms of communication for their daily interactions with friends, family, and their larger social networks. Educational organizations, too, can use e-mail, websites, blogs, text messaging, and social media websites such as Twitter, Facebook, and others to communicate with similar groups. Digital communication must be Transparent, Accessible and Professional (TAP).

This form is to notify parents/guardians of the digital communication methods used by the staff member listed below.

School Name: _____

Name of Club/Group/etc.: _____

Supervising Staff Member: _____

Communication Method: Social Media Platform (see URL below): _____
 Texting - Originating Phone #: _____
 Other: _____

URL (if applicable): _____

Purpose/Goals of Communication: _____

If student interaction is not approved, all pertinent information and communication is still available through alternate means.

Alternative communication method(s): _____

Note: Social media sites may contain commercial advertising that the District does not control or endorse.

If you have questions, please contact the applicable staff member at: _____

Parent/Guardian may retain the top portion for his/her records.

Student/Parent/Guardian Permission for Use of Digital Communication

Digital Communication Request Information

School Name: _____

Name of Club/Group/etc.: _____

Supervising Staff Member: _____

Communication Method: Social Media Platform (see URL below): _____
 Texting - Originating Phone #: _____
 Other: _____

STUDENT ACKNOWLEDGEMENT

I agree to participate in a safe and appropriate manner in accordance with Governing Board Policy regarding student conduct.

Last Name: _____ First Name: _____ Student #: _____

Student Signature _____ Date: _____

PARENT/GUARDIAN PERMISSION

- I GIVE PERMISSION for my student to participate, and have read the Digital Communication Informed Consent & Release.
- I DO NOT GIVE PERMISSION for my student to participate.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date: _____

Complete and return the bottom portion of this form to the Supervising Staff Member listed above.