

PLYMOUTH COMMUNITY SCHOOL CORPORATION
REQUEST FOR PERMISSION TO COLLECT PERSONAL DATA

Dear Parent:

In order to provide _____ with more effective
 (Student's Name)

Guidance and counseling services, we request permission for the collection of the following personal information from your child administering the following tests to your child:

Type of Information or Test	Description and Purposes	Permission Granted	Permission Denied
Family Background Information			

Because of the sensitive nature of this information, the school system will treat the results of any such interview or tests with complete confidentiality. Only you and certain authorized school personnel will be permitted access to this information without your consent.

Please check the appropriate box signifying your approval or disapproval for this request, sign the form in the space provided below, and return in the enclosed envelope. Please contact the school principal if you have any questions or other problems.

Sincerely,

I hereby consent to the data collection and testing procedures requested.

Date

Parent