Giant Campus Academy





From:			Return	this form via link	below or fax to:
Student's First Name	M.I.	Last Name	866-43	6-0244	
Permanent Street Address					
City	State	Zip			
urposes. Please indicate v	whether your pa	rent/guardian(s) cla	h of your parent/guardian(s) im you as a tax dependent b rdian(s) claim me as a de n(s) do not claim me as a	ependent for federa	ppriate box below:
Student Signature			-		
Student Signature			Date		
	u agree to disc	lose information fr	Date om your educational record	ls to another individu	ual, please sign th
you are over 18 and you blowing consent: consent to the disclosure	of any persona parent/guardi	ally identifiable info an(s), for reasons		n records, including (grades, pacing,
you are over 18 and you blowing consent: consent to the disclosure and attendance data to my	of any persona parent/guardi ain in effect for	ally identifiable info an(s), for reasons the	om your educational record ormation from my education determined by Giant Camp	n records, including (grades, pacing,
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FERPA General Guidance for Students can be found here: https://www2.ed.gov/policy/gen/guid/fpco/ferpa/students.html

^{*} Your consent is voluntary, and can be revoked at any time. Students cannot be denied any educational services from Giant Campus Academy if they refuse to provide consent.