



**South Bend Community School Corporation
Special Education Services**

215 S. St. Joseph St, South Bend, IN 46601
Ph: 574.283.8130 Fax: 574.283.810

Permission for Publication of Identifiable Student information

Student Name: _____ SBCSC ID#: _____ STN#: _____

I, _____
Parent or Guardian

of _____
Name of Student Date of Birth

do hereby grant:

South Bend Community School Corporation
215 South St. Joseph St.
South Bend, IN 46601

permission to use identifiable information concerning my child (name, picture, disability, program) in press releases, brochures, video tape, or other publications prepared for the purpose of staff training and informing the public about special education.

I understand that once received, this permission is valid unless I submit a written request to the Director of Special Education.

Signature Of Parent/Guardian

Date

A copy of this signed permission must be sent to Special Education Services.