



Authorization for Commercial Electronic Messages

PLEASE PRINT CLEARLY

Student Name: _____

School Name: Collège Jeanne-Sauvé

The parent(s)/guardian(s) of the above-named student give my/our permission for the Louis Riel School Division and School listed above to contact me/us by email at the email address(es) listed below.

I understand that I/we will have the option to unsubscribe at any time.

PARENT A:

To opt-in to receive emails, please check box

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Print First Name

Print Last Name

Print email address

Signature

Date

PARENT B:

To opt-in to receive emails, please check box

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Print First Name

Print Last Name

Print email address

Signature

Date

Return this form to the school office

For office use only: Email address input