



## Authorization for Commercial Electronic Messages

PLEASE PRINT CLEARLY

**Student Name:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

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**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Print First Name

Print Last Name

Print email address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**PARENT B:**

**To opt-in to receive emails, please check box**

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

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