

To be translated into the student's home language
AUTHORIZATION TO RELEASE CONTACT INFORMATION TO ALUMNI ASSOCIATIONS

Name and Address of Eligible Student:

Name and Address of Eligible Student:

I authorize the Cambridge Public Schools to release my contact information – my name, address, telephone number and email address – to the alumni associations of the Cambridge Public Schools. More specifically, I authorize the Cambridge Public Schools to release my contact information to the following alumni associations:

Rindge Alumni Association

Celebrate CRLS

Friends of CRLS

Friends of Cambridge Athletics

By signing this Authorization for Release of Contact Information to Alumni Associations and granting the permission as stated herein, I am releasing the City of Cambridge, the Cambridge Public Schools and Cambridge School Committee and their respective officers, directors, members, agents and employees from and against any and all claims arising out of the release of my contact information and the subsequent use of this information by the designated recipients and their respective officers, directors, agents, members and/or employees.

I have read this Authorization to Release Contact Information to Alumni Associations and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Student Name

Grade

Date of Birth

Parent/Guardian/Caregiver Signature

Date

Parent/Guardian/Caregiver Printed Name

Date

Student Signature (if 14 or older)

Date