



AUTHORIZATION TO MAIL OR EMAIL PARENTVUE ACTIVATION KEY FORM

PLEASE PRINT

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Student's Name & School (include all children for whom you have educational rights):

Check all that apply:

Send my activation key by first class U.S. Mail. Initial _____

Send my activation key to the email address noted above. Initial _____

By signing this form, I authorize Spotsylvania County Public Schools to distribute my ParentVUE activation key as indicated above. I understand that my authorization will remain effective from the date of my signature. I understand that mail and email are not the most secure method to distribute my activation key and do not hold Spotsylvania County Public Schools responsible should that information be compromised.

Signature of Parent/Guardian

Date

Return completed form to School Office OR fax to your school's registrar.

FOR SCHOOL USE ONLY	
School: _____	
Received By: _____	Date: _____
Print Name	
Date Mailed: _____ (if applicable)	Date Emailed: _____ (if applicable)