**Parent/Guardian Consent for Designated Community Professionals to Access Student Information in Synergy**

Dear Parent/Guardian,

The purpose of this letter is to obtain written consent for the identified community professional below to be added to the Parent/Guardian tab in the District’s Student Information System, Synergy. By giving your permission, the identified professional will be given educational rights and therefore granted access to view all student data/information available in the ParentVUE portal including, but not limited to, attendance and grades. The identified professional will only be permitted to use this access to view the information for their ongoing case management and will not be able to make educational decisions for your child.

The office of Student Outreach will maintain these records and monitor the activity of these accounts. The identified community professional will have their access to your child’s information terminated once they have notified the Office of Student Outreach that the case has been closed or transferred to another professional. A separate form will be required to grant access for each professional. You also have the right to rescind permission at any time by contacting the Office of Student Outreach directly. If you have questions regarding this form, please contact the Office of Student Outreach at 490-3178.

**PERMISSION**

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

**I hereby grant permission for the Office of Student Outreach to add the identified professional below to the Parent/Guardian tab in Synergy for the purpose of monitoring grades and attendance of my child.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Parent/Guardian Name Name of Community Professional**

**AGREEMENT OF COMMUNITY PROFESSIONAL**

* **By signing this agreement, I understand that I’ve only been given access to view the information provided through ParentVUE, and only for the purpose of my ongoing case management.**
* **I agree to contact the Office of Student Outreach at 490-3178 when my case closes or is transferred to another individual so that my access can be terminated on the above named client.**
* **I understand that it is my responsibility to keep my ParentVUE account login information confidential so that student information is not accessed without the proper authorization.**
* **I understand that if I violate PSD policy by sharing my account login information or if I violate this agreement in any way my access for all clients can be terminated and not reinstated.**

**Community Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Community Professional Date**

**All Completed forms should be submitted to Troy Krotz at** **tkrotz@psdschools.org** **or**

**Faxed to 970.490.3402**