



Educational Authorization Form

School Year: _____

Name of Student: _____ Grade: _____

School: _____ Teacher: _____

I give full permission for the volunteers/staff of Mission Hope for Kids to receive my child's reading/math score data, report cards & IEP from their school. I release full permission for school staff to share my child's **Infinite campus/** user name info/ID and password information (if applicable). I also give permission for school & MHFK to discuss behavior issues and intervention plans to better help my child.

Date: _____ Legal Guardian's Signature _____

	Spring, 20__	Fall, 20__	Winter, 20__	Spring, 20__
Map/Star Reading Score	_____	_____	_____	_____
MAP/Star Math Score	_____	_____	_____	_____

Teacher/User Name: _____

Password: _____

Instructional Links/Infinite Campus/ User Name: _____

Instructional Links/Infinite Campus/ Password: _____