

# FREE TO ELIGIBLE FAMILIES HIGH-SPEED INTERNET

## PARENT/GUARDIAN ACCEPTANCE OF SERVICE FORM

District Name: \_\_\_\_\_

Student Name (Last, First): \_\_\_\_\_

Student ID Number (if available): \_\_\_\_\_

Student Address: \_\_\_\_\_

### By returning this form, I allow the following:

- Gives district permission to share parent/guardian contact information with selected internet service provider to coordinate installation.
- Gives school district permission to share parent/guardian contact information with Texas Education Agency Connect Texas.

Would you like to update your address with your school district?    **YES**    **NO**

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Parent/Guardian Phone: \_\_\_\_\_

**Please return completed form to your school office.**



### OFFICE USE ONLY

Please scan and e-mail completed form to TEACT Customer Service.

LEA Name \_\_\_\_\_

Date E-Mailed \_\_\_\_\_