

PARENT AUTHORIZATION FORM  
USE OF ELECTRONIC MEDIA WITH STUDENTS  
Social or Family Relationship Notification-2019-2020 School Year

*Complete this form to certify that your child has pre-existing family or social relationship with a Hudson ISD employee, and confirm that you request the employee be exempt from Hudson ISD's regulations regarding electronic communication with students.*

Hudson ISD Employee to be exempt: \_\_\_\_\_

Student(s) name(s): \_\_\_\_\_

In accordance with Hudson ISD's policy regarding Employee Technology Guidelines. I certify the following (please initial below):

\_\_\_\_\_ I have been provided a copy of the Employee Technology Use Guidelines.

\_\_\_\_\_ My child has a family or social relationship with the above named employee outside of school.

\_\_\_\_\_ I understand that the employee's communications with my child are exempt from district regulation.

\_\_\_\_\_ I understand that I am solely responsible for monitoring electronic communications between the above named employee and my child.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Submitted

*This form must be completed and submitted with the employee's request for use of electronic media with students to the employee's immediate supervisor. Disclosure of relationships on this form is sufficient /or the duration of the 2019-20 school year only.*

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***To Be Completed by Hudson ISD Administrator:***

Request for exemption is:  approved  denied

\_\_\_\_\_  
Administrator Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed