

Texting Release Form

- Parent/Guardian
 - I give my child permission to receive text messages from Mulvane High School's FCCLA chapter concerning meetings and special events. I also understand that standard messaging rates apply.
 - Check One
 - Yes
 - No

- Student
 - I understand that I may receive an occasional text message from FCCLA concerning meetings and special events.
 - Check One
 - Yes
 - No

- Phone Number: (_____) - _____ - _____

Parent/Guardian Signature: _____

Date: ____/____/____

Student Signature: _____

Date: ____/____/____