

"LIFE IN A WEEK" GLOBAL LEARNING PROJECT
PARENTAL CONSENT/RELEASE FORM

Date ___/___/___

To: Glendale Unified School District
223 N Jackson Street
Glendale, CA 91206

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Very Truly Yours,

Releaser's Name

Releaser's Signature

Releaser's Teacher and School

Parent/Guardian Name

Parent/Guardian Signature