

**Hynes Parent Teacher Organization (PTO)
A to Z Directory
Publication of Contact Information Authorization Form**

*This information is for use by the PTO only & will not be shared.
Any changes to a student's record must be made directly through the school.*

Please indicate what information can be used in the school directory.

Email address(es): yes no

Phone number(s): yes no

Address(es): yes no

Name(s) of Student(s) & grade(s): _____

Please provide information to be included in the directory:

Parent/Guardian name 1: _____

Address: _____

Phone: _____ mobile/home/work/other

Phone: _____ mobile/home/work/other

Email: _____@_____._____

Parent/Guardian name 2: _____

Address: _____

Phone: _____ mobile/home/work/other

Phone: _____ mobile/home/work/other

Email: _____@_____._____

I give Hynes PTO permission to publish this information to Hynes parents/guardians, faculty and staff via electronic means as well as in print. Let this notice serve as my confirmation and activation via Hynes PTO to AtoZDirectories.com. I understand that this permission is granted for the duration of my child's attendance at Hynes (unless otherwise specified) and may alter or delete information at any time via the atozdirectories.com website by logging in with the username and password that was either automatically generated or updated (by the parent/guardian).

Signature: _____