



STUDENT ACCESS TO GOOGLE APPS FOR EDUCATION OPT-OUT FORM

I **DO NOT** want my child to be allowed access to a Google Apps for Education account through Lynwood Unified School District.

Name of Student (please print): _____
(Last) (First)

My child attends school at: _____
(School)

Student ID#: _____ Student Grade: _____

Parent/Guardian signature: _____

Please complete ONE form for EACH student you would like to OPT OUT of Google Apps for Education.