



# Participant Release of Data – (PARENT)

## Agreement

I, \_\_\_\_\_, understand that the \_\_\_\_\_ **LAUSD - Educational Services** **HEO Parent** is  
 (Participant Name) (Entity Name)  
 paying for all or part of my transit benefit through the GO TAP Program. I understand that my TAP  
 Card usage information is compiled by LACMTA and may be used by the  
**LAUSD - Educational Services**  
 \_\_\_\_\_ **HEO Parent** to determine my eligibility for continued purchase /  
 (Entity Name)  
 subsidization of my transit benefit.

By accepting the TAP Card, I hereby grant LACMTA permission to release periodic reports of my TAP  
 Card activity including date, time, and service used (bus route or rail station) to the  
**LAUSD - Educational Services**  
 \_\_\_\_\_ **HEO Parent**.  
 (Entity Name)

I also agree to use the TAP Card in accordance with the terms of the TAP Cardholder Agreement for  
 its intended business purpose only and not to damage or abuse it, and to not allow any other individual  
 to use it.

\_\_\_\_\_  
Participant (PARENT)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Date