



Student Directory Information Notification

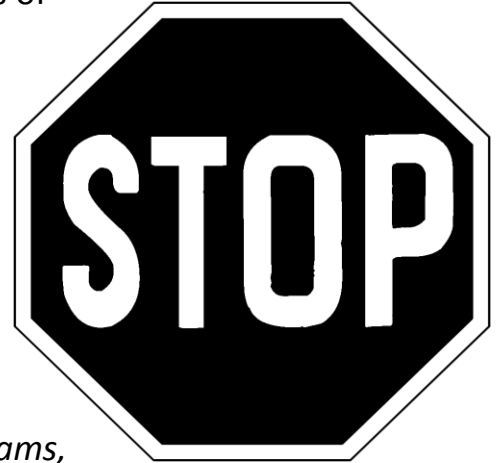
Student's Name _____

Grade _____

Parent Name _____

Please read carefully before signing and returning this form. By signing you are confirming that you DO NOT want your child's information to appear in the School Yearbook, online, and in any other school directories.

Sign and return this form to the school within ten (10) days of receipt if you **DO NOT WANT DIRECTORY INFORMATION ABOUT YOUR CHILD DISCLOSED** to third parties in accordance with the Family Educational Rights and Privacy Act (FERPA). If we receive no response, we will disclose all directory information at our discretion and/or in compliance with law.



*If you sign and return this form all information regarding your child will be withheld, the student's name and/or picture **will not** be included in school music or sports programs, yearbook, local newspaper, tournament programs, annuals etc.*

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Date: _____

Dear Parent/Eligible Student:

This signed document informs you of your right to direct the District to withhold all the release of student directory information for _____.
Student's Name

Following is a list of items this District considers student directory information.

Student's name	Telephone listing	Photographs including electronic version
Electronic mail address	Cell phone listing	Date and place of birth
Honors & awards received	Dates of attendance	Participation in activities and sports
Grade Level	Address	Weight & height for athletics

Parent/Student's Signature _____

Date _____

If you do NOT want directory information provided to the following, please check the appropriate box.

Institution of High Education Potential Employers

Armed Forces Recruiters Other: _____