



# Student Directory Information Notification

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent Name

Please read **CAREFULLY** before signing and returning this form.

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.*

.....  
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: \_\_\_\_\_