



INFORMATION RELEASE FORM

USE THIS FORM ONLY IF YOU WISH TO HAVE STUDENT DIRECTORY INFORMATION WITHHELD.

DIRECTORY INFORMATION

The following information may be released to the public in regard to any individual student of the school district as necessity or desirability arises:

NAME, ADDRESS, TELEPHONE LISTING, PHOTOGRAPH, VIDEO TAPES AND IMAGES PRODUCED IN ANY OTHER MEDIUM, DATE AND PLACE OF BIRTH, MAJOR FIELD OF STUDY, PARTICIPATION IN OFFICIALLY RECOGNIZED ACTIVITIES AND SPORTS, WEIGHT AND HEIGHT OF MEMBERS OF ATHLETIC TEAMS, DATES OF ATTENDANCE, DEGREES AND AWARDS RECEIVED, AND THE MOST RECENT PREVIOUS SCHOOL OR INSTITUTION ATTENDED BY THE STUDENT.

Any parent or guardian wanting this information withheld must make objection, in writing, within two weeks of receiving this notice, to the principal or other person in charge of the school which the student is attending. This request must be made on a yearly basis.

Parents of students who wish to request that the school principal withhold the student directory information will be required to fill out the information below and return this form to the school principal.

STUDENT INFORMATION

Form with fields: STUDENT NAME, DATE OF BIRTH (mm/dd/yyyy), SCHOOL ATTENDING, GRADE, TODAY'S DATE

[] I do not wish to have any directory information released to any individual or organization.

PLEASE SIGN BELOW

PARENT / GUARDIAN SIGNATURE

DATE

» PLEASE RETURN COMPLETED FORM TO the building principal.