

PARENT NOTIFICATION

If you do NOT want your student's directory information released to any outside agency (excluding law enforcement & Child Protective Services), please complete and return the following form. This includes the military.

PARENT REQUEST FOR DIRECTORY CONFIDENTIALITY

Return completed form within 30 calendar days of receipt of this notification.

Return form to: Student's School of Attendance

Student Name Birthdate Home Phone

Student Address School ID# (if known)

Please do not release directory information. (i.e. name, address and phone number) about my student to any outside agency.

Parent Name (Print) Parent Signature Date