

You have the right to refuse the designation of any or all of the categories of personally identifiable information as directory information with respect to your student provided that you notify the district in writing prior to the start of the school year or upon admission to the district. If you desire to make such a refusal, please complete and return the slip attached to this notice.

If you have no objection to the use of student information, you do not need to take any action.

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RETURN THIS FORM

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/Legal Guardian/Custodian of Child)

\_\_\_\_\_  
(Date)

This form must be returned to your child's school no later than \_\_\_\_\_, 20\_\_\_\_\_.

Additional forms are available at your child's school.

Adopted: 12/18/13

Reviewed: 12/19/16

Amended: