

Student Directory Information Notification

*Please sign and return this form to the school within ten (10) days of the receipt of this form **ONLY** 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 by that date, we will disclose all student directory information at our discretion and/or in compliance with law.*

_____ *Date*

Dear Parent/Eligible Student:

This document informs you of your right to direct the District to withhold 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 -Address -Telephone listing -Electronic mail address -Photograph (including electronic version) -Date and place of birth -Major field of study -Dates of attendance	-Enrollment status (e.g., undergraduate or graduate; full-time or part-time) -Participation in officially recognized activities and sports -Weight and height of members of athletic teams -Degrees -Honors and awards received -Most recent educational agency or institution
--	---

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

Institutions of Higher Education, Potential Employers, Armed Forces Recruiters, Other

NOTE: If a student's name, grade level, or photograph is to be withheld, the student will not be included in the school's yearbook, program events, or other such publications.

_____ *Parent/Eligible Student's Signature*

_____ *Date*