

STUDENT DIRECTORY INFORMATION OPT OUT FORM

Dear Parent/Guardian:

Under the federal and state law, school districts are required to distribute lists of high school juniors and seniors (i.e., 17 years and older) with their names, addresses, and telephone numbers to Idaho colleges and universities, United States Armed Forces Recruiting Agencies, school support organizations, and other authorized agencies, as requested. However, the Family Educational Rights and Privacy Act and the No Child Left Behind Act mandate that parents/guardians be offered an option to withhold the release of this information each year. If you wish to withhold the release of your child's name, address, and telephone number, you must complete the form below and return it to the school. The request to withhold the student information is applicable only to the current school year.

Please return this form to your child's school.

REQUEST TO WITHHOLD DIRECTORY INFORMATION

TO: _____ DATE: _____
 School Name

Student Name: (please print)	Date of Birth:	Grade:
Address:	City:	Zip Code:
Telephone Number:	Parents'/Guardians' Names	

1. ☐ I do not wish to have any directory information of the student named above released to any individual or organization. (If you check here, DO NOT complete Numbers 2 and 3 below.)

OR

2. ☐ I do not wish to release the name, address and telephone number of the student named above to the agency or agencies I check below.

☐ United States Armed Forces (Military) Recruiting Agencies
☐ Colleges, Universities or Other Institutions of Higher Education

3. ☐ I also request to withhold or release the directory information per the boxes I check below:

	May Release	May Not Release		May Release	May Not Release
PTO			1. Name		
			2. Address		
Health Department			3. Grade level		
			4. Date of Birth		
Elected Officials			5. Dates of Attendance		
			6. Parents'/guardians' names & addresses		

Signature of Parent/Guardian (if student is under 18)

Signature of Student (if student is 18 or older)