



STATE OF HAWAII
DEPARTMENT OF EDUCATION

OPT OUT FORM

for non-disclosure of a secondary school student's name, address, and telephone listing to institutions of higher learning

The Every Student Succeeds Act of 2015 (ESSA) requires local education agencies, including the Hawaii Department of Education (HIDOE), to release the names, addresses, and telephone numbers of secondary school students to institutions of higher learning upon their request unless an eligible student (a student who is at least 18 years of age) or the parent/legal guardian of a student requests that the student's contact information not be released without the prior written consent of an eligible student or parent/legal guardian of a student. HIDOE telephone listings include unlisted numbers. ESSA requires HIDOE to inform eligible students and parents/legal guardians of students of their right to request to withhold this information from institutions of higher learning. HIDOE may share the names, addresses, and telephone numbers of 11th and 12th grade students to facilitate awarding and/or recruitment of scholarship and/or financial aid opportunities.

If this form is completed, signed, and returned to the student's school, the school and HIDOE shall not release the student's name, address, or telephone listing to institutions of higher learning without prior written consent of the eligible student or parent/legal guardian of a student.

This form must be completed and signed by EITHER the eligible student or by the student's parent/legal guardian.

Student's Name (please print) _____

School _____

Date _____

Check the appropriate box:

- As a parent/legal guardian of the above-listed student, I am exercising my "opt out" right to direct that my child's school and HIDOE shall not release my child's name, address, or telephone number to institutions of higher learning without my prior written consent. I further direct that my child's school and HIDOE shall not release my child's name, address, or telephone number to institutions of higher learning to facilitate the awarding and/or recruitment of scholarship and/or financial aid opportunities without my prior written consent.

I understand that if I do not request to withhold my child's information, then information will be released to institutions of higher learning recruiters upon request.

Parent/Legal Guardian's Signature _____

Printed Parent/Legal Guardian's Name _____

OR

- As an eligible student, I am exercising my right to direct that my school and HIDOE shall not release my name, address or telephone number to institutions of higher learning without my prior written consent. I further direct that my school and HIDOE shall not release my name, address, or telephone number to institutions of higher learning to facilitate the awarding and/or recruitment of scholarship and/or financial aid opportunities without my prior written consent.

I understand that if I do not request to withhold my student information, then information will be released to institutions of higher learning recruiters upon request.

Student's Signature _____

School Use Only

Student's ID # _____

School Code _____