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 th	nis form to your	child's school.			
	REQUES	T TO WITHHOLD	DIRECTORY INFORM	MATION	
TO:			DATE:		
;	School Name				
Student Name: (please print)			Date of Birth:	Grade	:
Address:			City:	Zip Co	ode:
Telephone Number:			Parents'/Guardians' Names		
the agency of	es Armed Forces	name, address and		the student na	amed above to
3. □ I also reque		_	ry information per the		
DTO	May Release	May Not Release	1. Name	May Release	May Not Release
PTO			2. Address		
Health Department			Grade level Date of Birth		
Elected Officials			Dates of Attendance Parents'/guardians' names & addresses		
Signature of Parer	nt/Guardian (if stude	ent is under 18)	Signature of Studer	it (if student is 1	8 or older)