

Please Respond
in English

English
Family Education Rights and Privacy Act (FERPA)
Parent Request to Refuse Release of School Directory
Information Elementary or Middle School

**Family Education Rights and Privacy Act (FERPA)
Parent Request to Refuse Release of School Directory Information
Elementary or Middle School**

Name of Student: _____ Date: _____
(mm/dd/yyyy)

Name of Parent or Guardian: _____ School: _____

Use a separate form for each child you are requesting that school directory information not be released. Please return this form to:

School Name: _____

Attention: _____

Address: _____

City, State, Zip: _____

*Parent or Guardian: Please complete the section below and return the entire form to your child's school
Please mark either 1, 2 or 3 from the list below*

I am requesting that my child's school take one of the following actions regarding the release of school directory information.

- 1. Do not release ANY information about my child, including name, telephone number, grade level, etc.
- or
- 2. Do not release the following information about my child (select one or more):

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- or
- 3. Notify me for my prior written consent before any directory information is released about my child.

Signature of Parent o Guardian: _____ Date: _____
(mm/dd/yyyy)

Address _____ City: _____ State: _____ Zip: _____

Preferred method for school to communicate with parent: Phone Email