## Lynden School District No. 504

## Release of Directory Information Opt Out Form School Year

Student Name:	School:	Grade:
To restrict release of information a	nd/or photos, you must complete	this form each year.
Please complete and return this form only in about your child for specific purposes. Pleas for the entire school year. If no documental of directory information has been granted.	se use one form per student. Opt	Out forms remain in effect
The Family Education Rights and Privacy Act Information" to certain people or institution guardian requests that such information no name, address, phone number, photo, pare major field of study, post-high school career sports, weight and height of members of at received, and most recent school attended.	ns, such as the news media, unles t be released. Directory informati nt/guardian name, student's birth r plans, participation in officially re hletic teams, dates of attendance	s the child's parent or on means the student's n date and place of birth, ecognized activities and
Families have the right to restrict the releas do not want directory information released return it to your school principal. The reque system, and the form is kept on file in the so	about your child, please completest for restriction is recorded in the	e the form below and
Check only those circumstances when you	do <u>not</u> want directory informatio	on released.
<ul><li>Public – to exclude student information media)</li></ul>	from being sent out of the distric	ct (newspapers and other
<ul> <li>Local – to exclude student information photographs, sports information such a school directors, or district/school print</li> </ul>	as rosters, programs or articles, p	arent organizations for
☐ <b>Higher Education</b> – to exclude student i	nformation from being sent to ins	stitutions of high education
☐ <b>Military</b> – to exclude student information from being sent to military recruiters		
Signature of Parent/Guardian (or student if 18 ye	ears of age or older) — Date	 e