

*Cassia County School District No. 151
Family Educational Rights and Privacy Act (FERPA)
Directory Information Opt-Out Form*

Pursuant to the Family Educational Rights and Privacy Act (FERPA), directory information listed in district Policy No. 681, Student Records, may be released to anyone authorized by the district, including but not limited to, the media, sporting events, colleges and universities, and the military. To prevent the release of this information, you must inform the district that you do not want this information released.

- ☐ *By checking this box and signing below, I am requesting that the school district withhold the release of all types of Directory Information to any third parties until such a time as I choose to rescind this opt-out request.*

<i>Student's Name:</i>		<i>Birth Date:</i>
<i>School:</i>		<i>Grade:</i>
<i>Address:</i>		
<i>City, State, Zip:</i>		
<i>Person making request:</i> <input type="checkbox"/> ELIGIBLE STUDENT <input type="checkbox"/> PARENT <i>Printed Parent/Guardian</i> <i>Name</i> _____		
<i>Home Telephone:</i>		<i>Work Telephone:</i>

By signing and returning this form, I am requesting that directory information for the above-named student not be released to any person or organization, or published by the school district for any purpose. I understand that by not signing and returning this form to the school district, I am granting permission for directory information to be released or published. THE SCHOOL DISTRICT ASSUMES NO LIABILITY FOR HONORING A REQUEST TO WITHHOLD DIRECTORY INFORMATION.

Signature: _____ *Date:* _____

OFFICE USE ONLY: *Date Received* _____ *Date Records Coded* _____ *By (initial)* _____

RESCISSION OF OPT-OUT REQUEST

I, the above-named parent/eligible student, hereby rescind my request to opt-out from the release of directory information.

Signature: _____ *Date:* _____

OFFICE USE ONLY: *Date Received* _____ *Date Records Coded* _____ *By (initial)* _____



RETURN FORM TO CENTRAL OFFICE 3650 OVERLAND AVE, BURLEY ID 83318