

STUDENT DIRECTORY INFORMATION OPT OUT FORM

Galesburg-Augusta Community Schools

STUDENT'S NAME _____

TEACHER'S NAME _____

I _____ parent/guardian of the above listed student, hereby object Galesburg-Augusta Community Schools to release directory information.

Directory information includes:

1. The student's name
2. The student's picture
3. Major Field of study
4. Participation in recognized activities and sports and related information
5. Grade placement
6. Honors and awards received

Directory Information Opt Out forms must be returned within a reasonable time at least two weeks prior to the release of any directory information. A school must provide armed forces recruiters and service academies with a student's name, address, and telephone number unless the parent(s)/guardian(s) specifically "opts out" of having that information given to military recruiters.

Signature of Parent or Legal Guardian _____

Date _____

Please return this form to the student's building secretary.