# STUDENT OPT-OUT FORM FOR 2016-17 SCHOOL YEAR ONLY

To Parents, Guardians, and Students 18 or Older:

Some student information, including images of your child, can be shared without your consent. If you are concerned about protecting the privacy of your Rochester City School District student, please read this letter carefully. **You must complete a new form for the 2016-2017 school year.**

U.S. military recruiters, colleges, and outside agencies that work with our schools may request directory information on students. Information that the District may share with these groups include the student's name, address, phone number, date and place of birth; major field of study; height and weight of members of athletic teams; dates of attendance; degrees and awards received; photographs; and the name of the previous school the student attended.

The law allows parents or guardians, or high school students over 18, to say no to disclosing this information. **If you do not want information shared with any or all of the organizations below, please check the age-appropriate boxes and sign the form below.** Each section is labeled with the appropriate grade level.

**You must check "no" in the appropriate box and return this signed form to the main office of your child's school no later than September 15, 2016, if you do not want information disclosed.** If no documentation is on file, we will assume that you are granting permission to release directory information and/or photo or video images.

***Please complete a separate form for each child***

Student Name _____

School _____

Home Address _____

Phone _____

Date of Birth _____ Student ID# _____

**DO NOT RELEASE DIRECTORY INFORMATION TO:** (check all that apply)

**K-12th Graders:** ❑ **Outside Agencies** ❑ **Colleges** ❑ **Military Recruiters**

**DO NOT RELEASE PHOTOS OR VIDEOS OF MY CHILD:**

In addition, the District may use names, photographs, and/or video images of students for publicity purposes. This may include stories published or broadcast by news media, or District communications. Separate photo release forms are not required. You must check the box below to prevent photos/videos from being shared.

**K-12th Graders:** ❑ **Do not release photographs or video images**

***By completing, signing and returning this form to the school of the student named, I am directing the Rochester City School District as to my wishes regarding disclosure of directory information and photographs or video image.***

_____ _____ _____

(PRINT) Parent or Guardian Name* (SIGNATURE) of Parent or Guardian Date

**Students who are 18 years old must sign their own form.*