

Appendix A – Directory Information Opt-Out Form

If you do not want the School Board of Polk County, Florida (SBPC), to disclose from your child's educational records in accordance with federal law¹, please mark the appropriate statements below and return this form to your child's school within the next thirty (30) days.

Student's Name: _____ Birth Date: _____

ID#: _____

Directory Information is defined as the following student information: name, address, telephone number (if it is a listed number), participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees and awards received, and most recent previous educational agency or institution attended.

- DO NOT DISCLOSE** my child's Directory Information without my prior permission.
- DO NOT DISCLOSE** my child's name, address, and telephone number to the entities checked below without my prior permission:

____ U.S. Military (Army, Navy, Air Force, Marines, *etc.*)

____ Colleges and other educational institutions

I understand that by completing and submitting this form, SBPC will restrict the disclosure of this type of information from my child's educational records and that SBPC has no further obligation to contact me on a case-by-case basis to request my consent for the disclosure of Directory Information.

Parent/Guardian Name

Signature

Date

¹ The *Family Educational Rights and Privacy Act* (20 U.S.C. § 1232 g.), Section 9528 of the *Elementary and Secondary Education Act* (20 U.S.C. 7908), as amended by the *No Child Left Behind Act of 2001* (P.L. No. 107-110), and the *National Defense Authorization Act for Fiscal Year 2002*, (P.L. 107) U.S.C. 503, as amended by Section 544.