

DENIAL OF CONSENT TO RELEASE STUDENT INFORMATION

Federal law and regulations pertaining to family educational rights and privacy allow schools, without prior consent, to release at their discretion information from student educational records that has been designated by the school system as "directory information." MSAD #59 has designated the following as directory information: Student's name, participation in officially recognized activities and sports, weight and height of student athletes, grade level in school of participants in extracurricular activities, date of attendance at local school unit schools, and honors and awards received.

In addition, the "No Child Left Behind Act of 2001" contains provisions that require that the school unit provide student names, addresses and telephone numbers to military recruiters and institutions of higher learning when requested to do so, unless the student's parent/guardian or student 18 years of age or older requests in writing that such information not be released.

If you DO NOT want the information released, please complete the appropriate section of this form and return it to:

Madison Area Memorial High School Principal
486 Main Street
Madison, ME 04950

FOR PARENTS OF STUDENTS UNDER THE AGE OF 18:

I request that Madison Area Memorial High School

- NOT** release the name, address, or telephone number of my son/daughter _____
_____ to any military recruiter or military recruiting organization without my prior written
consent.
- NOT** release the name, address, or telephone number of my son/daughter _____
_____ to any institution of higher learning without my prior written consent.
- NOT** release information of any kind, including "directory information," concerning my
son/daughter _____ without my prior written consent.

Parent/Guardian Signature

Date

FOR STUDENTS 18 YEARS OF AGE OR OLDER:

I request that Madison Area Memorial High School

- NOT** release MY name, address, or telephone number to any military recruiter or military
recruiting organization without my prior written consent.
- NOT** release my name, address, or telephone number to any institution of higher learning without
my prior written consent.
- NOT** release information of any kind, including "directory information," concerning me without my
prior written consent.

Student Signature

Date

**CONSENT/DENIAL OF CONSENT TO RELEASE
STUDENT INFORMATION**

(FOR ELEMENTARY AND MIDDLE SCHOOLS)

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Please check the box that applies and return this form to: the building principal.

I give my permission for _____ School to release information about my son/daughter _____ that the school system has designated as "directory information."

I request that _____ School **NOT** release information of any kind, including "directory information," concerning my son/daughter _____ without my prior written consent.

Parent/Guardian Signature

Date