

Student Name: _____ Date of Birth: _____

School: _____



Statement of Objection to Use of Social Security Number

I do not wish to provide the Social Security number of my child/children:

Child's First/Last Name	Current School	School Year
1.		
2.		
3.		
4.		
5.		
6.		

Parent/Guardian Name (please print): _____ Date: _____

Parent/Guardian Signature: _____