RELEASE OF CERTAIN STUDENT INFORMATION UNDER THE NO CHILD LEFT BEHIND ACT

Dear Parent and/or Guardian:

Unless you notify us in writing that you do not consent to the release of your child's information, Federal Law requires school officials to provide names, addresses, and telephone numbers of high school students to military recruiters and institutions of higher education that request such information. While we are committed to protecting the confidentiality of our students, we must comply with the law.

If you do not want your child's name and contact information disclosed to military recruiters and/or colleges, you must fill out the information below and return it to my office. Please Note: You may withhold your child's information from military recruiters, institutions of higher education, or both. If you do not return the information listed below, we are required to release your child's contact information to military recruiters and/or institutions of higher education.

Please be aware that you can change your options at any time. If you do not submit the information now, you may still opt out at any time during your child's school career and decide not to release his/her information.

Children who are 18 years of age or older have a right, without parental approval, to request that their information not be released. We encourage you to discuss this decision with your child regardless of his or her age. Thank you.

Sincerely,

Steven T. Siciliano, Ed.D.

HARRISON CENTRAL SCHOOL DISTRICT

Phone: (914) 630-3099/3094
Fax: (914) 835-5471

Withholding of Consent to Release Student Information
Pursuant to the No Child Left Behind Act Parental Opt Out Form

Student's Last Name (Print) ____________________________ Student's First Name (Print) ____________________________ Student's Grade ______

Please check the appropriate category. I am requesting that my child's name, address and telephone number NOT be shared with:

__Military Recruiters __ Institutions of Higher Education __ Both Military Recruiters and Institutions of Higher Education

Parent/Guardian ____________________________ Please Print ____________________________ Signature/Date ____________________________