



DIRECTORY INFORMATION FORM

Student Name: _____

Grade: _____

I certify that I am the parent or guardian of _____, and the following are my choices regarding information related to my child. *Please indicate your choices by checking on the appropriate lines.*

Directory Information:

South Texas Independent School District can release, without prior written consent from me, the information designated by the district as student directory information (my child's name).

Select one response:

_____ YES or _____ NO

Military Recruiter/ Institution of Higher Learning:

Please initial below your choice regarding the release of specific student information to military recruiters or institutions of higher education without your prior consent.

_____ YES _____ NO: I **GRANT** the release of my child's **NAME, ADDRESS AND TELEPHONE NUMBER** to **MILITARY RECRUITERS** without my prior, written consent.

_____ YES _____ NO: I **GRANT** the release of my child's **NAME, ADDRESS AND TELEPHONE NUMBER** to **INSTITUTIONS OF HIGHER LEARNING** without my prior, written consent.

School-Sponsored Purpose Information:

I hereby certify by my initials below that I **CONSENT** to the release of student directory information for use in connection with or inclusion in the following designated school-sponsored items:

_____ STUDENT YEARBOOK

_____ DISTRICT NEWSLETTERS

Media Permission:

_____ YES _____ NO: I hereby **GRANT** permission to use my child's name, picture and/or comments in materials (television, video, world-wide web, audio and printed media) used to promote school programs, recruit new students and/or dispense public information regarding South Texas ISD.

 Printed Name of Parent/Guardian

 Signature of Parent/Guardian

 Date