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**Barre Unified Union School District**

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*Doing whatever it takes to ensure success for every child.*

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Director of Human Resources

**Emmanuel Ajanma, MAT**  
Director of Technology

**Lauren May, M.Ed.**  
Director of Early Education

**Rebecca Webb, M.Ed.**  
Act 166 Regional Coordinator

**Josh Allen**  
Communications Specialist

## Technology & Student Media Use Opt-Out Form

**Complete this form only if you want to revoke your student's access to BUUSD technology resources or restrict any media of your student for publication.**

The Technology & Student Media Use Opt-Out Form will remain in effect for one school year and expires at the end of this school year. A parent or guardian must complete a new Opt-Out Form each school year. If no documentation is on file, it will be assumed that permission has been granted for access to school computers, the Internet, Google Core Services, Google Add-on Services, other electronic resources, and the use of student media for publication.

### Please initial only where appropriate

\_\_\_\_\_ I do NOT want my student to access and use school computers.

\_\_\_\_\_ I do NOT want my student to access the BUUSD Network, and Internet sites, apps, and services (such as, but not limited to G Suite for Education Domain Core Apps and Google Add-on Services, typingclub.com, etc.) provided by the BUUSD to support the curriculum.

\_\_\_\_\_ I do NOT want still photography or videography of my student or their schoolwork (even without identifying name or caption) to be used in informational newsletters, school brochures, class pictures, yearbooks, and other printed material published by the Barre Unified Union School District. I also do NOT want those same images to be used on school and/or district websites and social media and to be submitted to news media for publication.

Student's First and Last Name (Print): \_\_\_\_\_

Student's School: (circle one):    BCEMS    BTMES    CVCC    SHS

Student Signature: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Parent Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Parent Phone #: \_\_\_\_\_ Parent Email: \_\_\_\_\_