

## Data Privacy Request Form - 515F

School Year: \_\_\_\_\_

**Public data includes:** child's name; grade (*i.e. second grade*); teacher's name; height and weight (*given only if a member of an athletic team*); extracurricular participation; picture or video (*used for public distribution or viewing*); or name/address released to Military organizations as per law.

If any parent/guardian would object to public data released as mentioned above, please check the appropriate box and send this written request to:

Superintendent's Office  
Chisago Lakes Area Schools, ISD #2144  
13750 Lake Blvd.  
Lindstrom, MN 55045  
651-213-2000

- CHECK HERE IF YOU DO **NOT** WANT INFORMATION RELEASED TO **MILITARY ORGANIZATIONS**.
- CHECK HERE IF YOU DO **NOT** WANT INFORMATION or PICTURE/PHOTO TO BE IN THE **HIGH SCHOOL YEARBOOK**.
- CHECK HERE IF YOU DO **NOT** WANT **ANY** INFORMATION LISTED UNDER PUBLIC DATA TO BE RELEASED.
- OTHER (or comment): \_\_\_\_\_

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

Address: \_\_\_\_\_

City / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Please keep the above information private with regard to the following student(s):

1. Student's Name: \_\_\_\_\_  
Current Building: \_\_\_\_\_ Current Grade: \_\_\_\_\_
2. Student's Name: \_\_\_\_\_  
Current Building: \_\_\_\_\_ Current Grade: \_\_\_\_\_
3. Student's Name: \_\_\_\_\_  
Current Building: \_\_\_\_\_ Current Grade: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Please note that this request must be filled out each school year and received by October 15th to be in effect for the current school year. Thank you.**

For District Office Use:

Date Received: \_\_\_\_\_

CC: Building: \_\_\_\_\_ BG: \_\_\_\_\_ MARSS: \_\_\_\_\_ Communications Dir. \_\_\_\_\_

HS Yearbook Advisor (if applicable): \_\_\_\_\_ HS Career Center Coord: \_\_\_\_\_