

NEW YORK MILLS UNION FREE SCHOOL DISTRICT

Directory Information

Parent Name: _____ Date: _____
Print Name

I am the parent of _____, a student in
First M.I. Last Name

_____ grade. I refuse to permit the following types of information to be disclosed from my child's educational records, for the local news, school newsletter, school website, recognition lists, graduation programs, etc., except as authorized by law, without my consent:

DO NOT RELEASE THE FOLLOWING INFORMATION:

_____ Parent or guardian name

_____ Student name

_____ Student grade level

_____ Student, and if different, parent or guardian address

_____ Student, and if different, parent or guardian telephone numbers

_____ Student, and if different, parent or guardian telephone numbers

_____ Student's picture or video of student

Thank you.

Signature

Date