Union Public Schools Publicity Opt-Out Form

The Union Public School District uses student names, photographs, and other student information on our websites, social media pages, in news releases, student honor rolls, athletic programs, and in similar school-related or school partner-related publications. Union also provides student information such as names, photographs, and contact information to institutions of post-secondary education who desire to notify students of educational and scholarship opportunities; to the media and community partners for publicity; to governmental agencies; and to the armed services for recruitment purposes. The district will continue to identify students in connection with any of the district's programs or related activities in which students are enrolled or involved, for the purposes listed above and for other similar educational purposes, unless it receives this completed form signed by the student's parent or legal guardian or by the student, if 18 or older.

Please print.

Parent/Guardian Name ____

Address ____

Home Phone # ____________________ Cell # ____________________ Work # ______________

Student Name ______________________ Address ______________________

School ______________________ Grade Level ______________

Please choose one of the following:

[ ] By marking this box and signing below, I am requesting my student **not** be included in publicity as outlined above.*

Reason (Optional) ____

[ ] By marking this box and signing below, I am requesting that, even though I have completed a Publicity Opt-Out Form in the past, my student **now will be included in publicity**, as outlined above, from this point forward.*

______________________________ ______________

Parent/Guardian Signature Date

**If this request applies to more than one student, please complete a separate form for each. Return the signed and dated form to each child's principal.*

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To be completed by the site:

A "No Publicity" flag has been entered for this student in Union's student information system by:

Name ____

Date ______________

Site Principal's Signature ______________________________

Date ____________________

Once signed, please scan and email the completed form to the Enrollment Center c/o:
stevens.robert@unionps.org and brassfield.kelly@unionps.org

Revised 8/6/15