



Walled Lake Consolidated Schools

Educational Services Center
850 Ladd Road, Building D
Walled Lake, MI 48390
Phone: 248/956-2000
Fax: 248/956-2124

Dr. Michael A. Lonze
Superintendent of Schools

Dear Parent:

Student [directory information](#) that is not considered to be an invasion of privacy can be disclosed to outside organizations without parental consent.

In accordance with the Family Educational Rights and Privacy Act 20 USC 1232(g), the Walled Lake Consolidated School District allows parents to retain privacy of student directory information.

Please review the boxes below - however you are not required to make a selection.

Please check the box below if you **DO NOT WANT YOUR CHILD'S INFORMATION RELEASED.**

- Do NOT release my child's name and photo for any reason
(If you check this item, your child's name and photo will be **excluded** from such items as honor roll lists, athletic rosters and programs, music and fine arts programs, honors and commencement programs, school newsletters, school/district publications, district website, news releases to media, etc. It will be **included** in the school yearbook unless you check the line below)

Below are individual options if the all-inclusive box above is not checked above.

The Walled Lake Consolidated School District allows parents to retain privacy of student directory information. Walled Lake Schools' staff often highlights our students using digital means.

- Do NOT release my child's name and photo for the school yearbook
- Do NOT release or use my child's image or name on school and District social media (Twitter, Facebook or other)
- Do NOT release my child's address and telephone

While all other information concerning your child remains confidential, all student [directory information](#) will be released to a requesting party and/or may appear on a school-based website or publication unless you complete this form. If you have any questions or concerns about this information, please call the principal's office at your child's school.

Sincerely,

Dr. Michael A. Lonze
Superintendent of Schools

Date: _____

Parent's Signature: _____

(Student's Name - please print)

(Grade)

(School)

(Student's Name - please print)

(Grade)

(School)