BIBB COUNTY SCHOOL DISTRICT

# STUDENT OPT-OUT FORM

**(ANNUAL SUBMISSION REQUIRED TO RENEW OPT-OUT)**

## STUDENT INFORMATION

| Legal Last Name | Legal First Name | Legal Middle Name | Preferred Name |
|---|---|---|---|
| | | | |
| **Grade** | **Gender** | **Birth Date** | **Current School** |
| | | | |

**As indicated in our student Online Registration and corresponding Annual Update, the Bibb County School District will:**

- **Share student directory information in accordance with FERPA**

**If this form is not completed, it will be considered that you are allowing the school to adhere to the above agreements. THE GUARDIAN MUST SIGN AND SUBMIT THIS FORM TO THE ASSISTANT SUPERINTENDENT OF STUDENT AFFAIRS OF EXCEPTIONS BY THE DATE SPECIFIED IN THE BIBB COUNTY SCHOOL DISTRICT'S MOST CURRENT STUDENT HANDBOOK/CODE OF CONDUCT.**

*Completion of this form advises the Bibb County School District of your choice to opt-out of the above agreement.*

**IF YOU DO NOT WANT YOUR CHILD'S DIRECTORY INFORMATION SHARED, PLEASE SIGN BELOW. Note that this will also restrict the district from utilizing your child's name, image, voice, likeness or creative work in publications.** I do not allow district staff to share my child's directory information. I do not allow district staff and/or newsgathering organizations to interview, record, photograph, videotape or use my child's likeness and name in publicity or news-gathering purposes. I do not want my child's name, image, voice or likeness to appear in any form of media communication (annual/yearbook, Internet, photography, publishing, recording or videotaping) generated by the Bibb County School District or news-gathering organizations (news media). Additionally, I do not wish for my child to participate in any Bibb County School District approved media or publicity interviews or discussions that may be used for promotional or news-gathering purposes unless I direct otherwise. I do not allow district staff and/or newsgathering organizations to display my child's creative work for publicity or news-gathering purposes.

Signature of Parent/Legal Guardian _____ Date _____

**Submit this completed document to the Office of Student Affairs by mailing to 484 Mulberry Street, Macon, GA, 31201.**

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484 Mulberry Street ● Macon, Georgia 31201 ● Office (478) 765-8711 ● Fax (478) 765-8549