

Directory Information Opt-Out Form



Please note: This form MUST be printed, filled out and delivered to ACTC by the parent or student. We also have copies available at our reception desk.

You have the right to choose whether your student's directory information is released or not. If you want to limit the disclosure of directory information about your student, please check the appropriate choice(s) below and return this form to the Anderson 1 & 2 Career and Technology Center (ACTC). **This section is for the current school and applies only to the current school year.** (If the student is over age 18 or is emancipated, the student should complete this form). If, however, your student graduates or withdraws from ACTC, ACTC will require written consent before disclosing any future directory information.

Student's Name (please print): _____

Current School Year: _____

Comprehensive Opt-Out Option:
Do not release any directory information about this student. I understand this means that information about and photographs of this student will be **excluded** from school documents that typically are made public, such as **yearbooks, graduation programs, honor roll and other recognition lists, sports activities, and theatrical programs (only related to ACTC)**. It also means that directory information about this student will not be released to school-related organizations, such as PTA's, or to state and county agencies unless I provide written consent or the disclosure is otherwise authorized by federal or state law. In addition, this student will not be featured in any videotape, television, motion picture, audio recording, broadcast, school and District websites or social media sites, still photographs production produced by and available to the public from ACTC or (to the extent that access is within ACTC control during school hours) the media.

Partial Opt-Out Option: Military Recruiters and Institutions of Higher Education
Do not release the name, address, and/or telephone number to the military and institutions of higher education during this school year. I understand that once this form has been signed by either the eligible student (18 years of age or older) or parent/legal guardian, only the eligible student or parent may change it. I also understand that if I want to change it, the eligible student or parent must notify the administration in writing that the form is no longer in effect and the student information may be released.

STOP! Do not sign below unless you have read and understand the choices above.

Signature of parent/legal guardian of eligible student: _____

PRINTED Name of parent/legal guardian or eligible student: _____

Date: _____