

Student Name: _____ Grade: _____ Student ID#: _____

SCOTTSDALE UNIFIED SCHOOL DISTRICT STUDENT RELEASE FORM

(This release section is necessary to meet the requirements of state statute A.R.S. §15-142.)

Please read the items listed below carefully. Unless you refuse to consent or “opt out” personally identifying student information will be made available as described or your student may be referred to a program described. Your student’s personally identifying information will not be released and they will not be considered for certain programs if you refuse consent. If SUSD does not receive this form within fourteen (14) calendar days from your receipt of this form, SUSD will infer that you consent to the release of student information or to consideration for the identified programs.

I have reviewed the SUSD Code of Conduct (which can be found at www.SUSD.org) myself and with my student. I acknowledge that all students will be held accountable to the expectations outlined in the SUSD Code of Conduct. My initials below indicate my review of the SUSD Code of Conduct.

STUDENT ASSISTANCE PROGRAMS

Scottsdale Unified School District provides Student Assistance Programs (SAP’s). These prevention-focused support services are available for students who either self-refer or are referred for assistance in areas such as coping with at-risk behavior, stress, and personal pressures, building positive relationships, divorce adjustment, grief support, and conflict resolution. The programs are preventative and educational in nature and do not include psychological assessment, evaluation, or therapy.

■ I DO NOT Give Consent _____ Initial

STUDENT DIRECTORY INFORMATION RELEASE

This gives consent for the release of student directory information as it applies to school related activities such as athletics, musical programs, honors and awards, drama productions, commencement, etc. This release shall not apply to confidential student records such as test scores, transcripts, and evaluations. Consent will remain in effect for the current school year or until permission is revoked by the parents, requesting in writing such a revocation. Details of Governing Board policy as to the release of directory information may be secured by contacting the school office or visiting the District’s website at www.SUSD.org. The parent or eligible student have the right to refuse the school’s designation of any or all of the types of information about the student as directory information. Directory information includes the student’s name, the parents’ names, class/grade level; weight and height if the student is a member of an athletic team; awards received; extracurricular participation; honors and achievements.

■ I DO NOT Give Consent _____ Initial

HIGH SCHOOL – GRADES 11-12

According to state and federal law, the above-designated directory information may be publicly released to educational, occupational or military recruiting representatives without your permission. ** If you do not object to the release of any OR all of the above designated information in writing, then the school must provide military recruiters, upon request, directory information containing the student’s name, addresses and telephone listings. Under the Elementary and Secondary Education Act and No Child Left Behind Act of 2001, as amended, school districts are required to comply with a request from a military recruiter for names, addresses, and telephone listings for each student who is 17 years of age or older or in the eleventh grade (or its equivalent) or higher, even if a school district has a policy of not disclosing such directory information. Additionally, educational, occupational or military recruiting representatives may request a student’s GPA and Class Rank. If you agree to the release of GPA and Class Rank to educational, occupational representatives, we are required to provide the same information on an equal basis to military recruiting representatives.

■ I DO NOT Give Consent _____ Initial

STUDENT PHOTO/VIDEO RELEASE (all school-sponsored activities except athletics)

This gives consent for my student’s photo/video to be used in school-related activities by representatives of media (which could include television) and for use of the school district in various media, such as newspapers, broadcasts, news releases, school/district newsletters, District website, and social media sites, (i.e. Facebook, Twitter), school plays, contests, and public events. This does not include athletic events, which are considered public events.

■ I DO NOT Give Consent _____ Initial

YEARBOOK RELEASE

This gives consent for my student to be photographed and identified by his or her name to be used in school-related activities, which include the yearbook.

■ I DO NOT Give Consent _____ Initial



PERMISSION TO RELEASE STUDENT DIRECTORY INFORMATION (School Related Individuals & Organizations)

This gives consent for the release of student information including student's address, telephone number, or email address, to one or more students who are enrolled in the school and for educational purposes, to school employees and for school business purposes such as Parent Teacher Organizations and Booster Clubs.

This release shall not apply to confidential student records such as test scores, transcripts, evaluations, etc.

If a parent or eligible student opted out of the general release of directory information, then the District will not provide the information indicated in this paragraph.

■ I DO Give Consent _____ Initial

GRADUATION

(Please read carefully, as your selections can prevent your child from receiving notifications of offerings by vendors).

The School District will release a high school student's name, address and telephone number to entities pertaining to graduation unless parents direct otherwise. Please check **"RESTRICT INFORMATION"** to specifically denote your desire to restrict the release of your child's information; otherwise, SUSD will assume consent to the release of the information to the corresponding source for the following:

Graduation & Yearbook Portraits and/or Photographs

Graduation Program & Diploma

Graduation Caps and Gowns

Project Graduation

Senior Portraits

(May include Juniors for upcoming Senior Year)

☐ Restrict Information

☐ Restrict Information

☐ Restrict Information

☐ Restrict Information

☐ Restrict Information

SIGNATURE REQUIRED BELOW (only if there is a change from the prior year)

The information I have provided on this form is accurate and true. I hereby certify that I am the parent or legal guardian* (with legal custody, if separated or divorced) of the above-named student. ***Copy of Court paperwork is mandatory. I hereby acknowledge that I have read the SUSD Code of Conduct and agree to abide by the rules and expectations contained therein.**

Parent/Guardian Signature

Date

Please Print Parent/Guardian Name

CODE OF CONDUCT HARD COPY REQUEST

In an effort to be responsive to the environment, the Code of Conduct is available online at all school sites. If an electronic version of the Code of Conduct is not accessible, limited hard copy versions will be available to families through the individual sites' administrative offices. If you would like to request a hard copy version of the Code of Conduct, please check below.

I would like to have a hard copy version of the Code of Conduct _____ Initial

2025/2026 PARENT/LEGAL GUARDIAN CONSENT TO PARTICIPATION IN SOCIAL EMOTIONAL BEHAVIOR SCREENING

2025/2026 PARENT/LEGAL GUARDIAN CONSENT TO PARTICIPATION IN SOCIAL EMOTIONAL BEHAVIOR SCREENING Pursuant to A.R.S. §15-117 informed, parental consent is required to conduct screenings and/or surveys of my minor child. My signature below authorizes SUSD to complete an emotional health and wellness screenings of my child (child's name).

The SAEBRS (Social, Academic, and Emotional Behavior Risk Screener) is a brief screening tool for universal screening of student risk for social-emotional and behavioral problems for students in Grades K through 12 which will be used by the district for this purpose.

I further understand that upon my request, SUSD shall provide any available information regarding the screening to me in a timely manner including the dates, methods used, information collected and reasons for administration.

I have read this Consent & Release Form and fully understand the terms and conditions outlined. I certify that I have full legal capacity to sign this Consent & Release Form on behalf of myself and my child.

YES,_____ I do give consent as described above.

NO,_____ I do not give consent as described above.

PERMISSION

The Scottsdale Unified School District has my consent as described above in this Consent & Release.

Name

Signature

Date

Name of Parent (print) _____

Signature of Parent _____

Date _____

Student Name _____

Student ID Number _____



ANNUAL PERMISSION - FIREARM EDUCATION MATERIALS
SCHOOL YEAR 2025-2026
INFORMED CONSENT

In accordance with Scottsdale Unified School District "SUSD" policy IHAMD "Instruction and Training in Suicide Prevention" SUSD, shall provide parents with a list of resources in a visible and easily accessible electronic location, regarding the safe storage of firearms and shall offer educational information to parents regarding the safe storage of firearms where children are present. Age-appropriate education related to firearm safety shall be provided by a District SRO or retired law enforcement officer, to students in grades kindergarten through twelve (K-12), at least annually, with notice and parent or guardian written consent. This instruction shall not cover topics such as firearms operation, firearm qualification or hunting and shall not employ actual firearms nor any demonstration of use of a firearm.

I am the parent or legal guardian of _____ [name of student].

I consent to my student _____ [name of student] receiving educational information regarding firearms as described in the paragraph above.

As a parent or legal guardian, I elect to receive educational information regarding the safe storage of firearms where children are present.

I understand that this consent is for my student to receive age-appropriate education related to firearm safety. I further understand that the instruction shall not cover topics such as firearms operation, firearm qualification or hunting and shall not employ actual firearms nor any demonstration of use of firearm.

I have read this informed consent and fully understand its terms.

Signature of Parent _____

Parent's Name (print) _____

Date _____

