PARENT PERMISSION/OPT-OUT FORM 2026-27

CARROLL COUNTY PUBLIC SCHOOLS

Student's Name: _____ **Grade:** _____

School Name: _____

Parent/Guardian's Name: _____

Parents are given the opportunity to "opt out" of the following items. If you do not respond, students will participate in items A-D.

A. Permission to Release Information to Military Recruiters (HIGH SCHOOLS ONLY)

Federal law requires that the district release to military recruiters upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent.

_____ Parent/Guardian Initials

I **do not give my permission** to release my child's directory information to military recruiters

B. Permission to Release Information to Higher Education (HIGH SCHOOLS ONLY)

Federal law requires that the district release to institutions of higher education, upon request, the name, address, and phone number of secondary school students enrolled in the district, unless the parent or eligible student directs the district not to release information to these types of requestors without prior written consent.

_____ Parent/Guardian Initials

I **do not give my permission** to release my child's directory information to institutions of higher education

C. Permission to Release Transcripts (HIGH SCHOOLS ONLY)

When requested by my child, I give permission for my child's academic transcript to be sent to colleges, universities, scholarship committees, post-secondary educational institutions, potential employers, and the NCAA for the purposes of admission, employment, establishing eligibility, and/or review for scholarship applications.

_____ Parent/Guardian Initials

I **do not give my permission** for CCPS to honor my child's request to have their academic transcript released to institutions or organizations outside of CCPS

D. Consent for Student Participation in the Youth Risk Behavior Survey (SECONDARY SCHOOLS ONLY)

Middle and high school students across the state of Maryland may be asked to voluntarily participate in the biannual Youth Risk Behavior Survey (YRBS) conducted by the U.S. Centers for Disease Control. Completing the survey is voluntary; students and/or their parents have the option of opting out. More information about the survey can be found here: https://health.maryland.gov/phpa/ohpetup/Pages/YTRBS.aspx

_____ Parent/Guardian Initials

I **do not give my permission** for my student to participate in the YRBS

Parents are given the opportunity to "opt in" to items F & G. If you do not respond, your student will not participate in either item outlined in E or F.

E. Consent to communicate via unencrypted email (ALL SCHOOLS)

Many parents/guardians have expressed to CCPS staff that opening secure (encrypted) email communication regarding their child' performance is unnecessarily burdensome, and have requested that communication about their child be sent via unsecured (unencrypted) email. While CCPS does not advise this practice, staff may honor these wishes of parents/guardians. NOTE: All Hearing and Vision Screening emails containing testing results will be sent securely, regardless of your opt out preference.

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Parent/Guardian Initials

I **give my permission** to communicate with me regarding personally identifiable information about my child (attendance, academic performance, discipline, etc.) using the email address(es) provided on the emergency procedures card **WITHOUT using secure or encrypted email**.

F. Consent for Student Participation in Instructional Tools (ALL SCHOOLS)

Students may have the opportunity to use Google Additional Services. These additional services have been fully vetted by CCPS staff for their instructional value and meet the rigorous requirements of the CCPS Student Data Privacy Policy. Students using these additional services require parent/guardian permission. A listing of selected additional services and their terms can be found on the CCPS website by searching with the keyword: Google Workspace Notice or by clicking on Family Resources in the blue icon bar on our home page.

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Parent/Guardian Initials

I **give my permission** for my child to use the Google Additional Services vetted by CCPS

Consent and Release

In addition to the information contained on this permission form, we urge all families to read the CCPS Informational Calendar/ Student Parent Handbook. This can be found by going to our home page at www.carrollk12.org and clicking on the Calendar icon in the blue icon bar. This document provides parents/guardians and students information that is required to be shared annually, as well as a consent and release section regarding personal student information. It is also designed to be a resource to answer questions about Carroll County Public Schools.

_____ _____
Parent/Guardian Signature Date