



Spooner Area School District

801 County Highway A · Spooner, WI 54801 · 715-635-2171 · www.spooner.k12.wi.us

ANNUAL OPT-OUT FORM

NOTICE FOR RELEASE OF STUDENT DIRECTORY INFORMATION
FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA)

Valid for the 2018-2019 School Year

Return the completed form to the main office at your child's school each year. If no documentation is on file, it will be assumed that permission for release of Directory Information and/or photos has been granted.

Student Name:

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Last Name

First Name

M

Grade

In accordance with the Spooner Area School District's Notice for Release of Student Directory Information, I hereby request Directory Information from my child's education records **not be released.**

The following information is designated as Directory Information by the Spooner Area School District:

- Student's Name
- Parent/Guardian's Name
- Address
- Telephone listing
- Photograph and images
- Date and place of birth
- Major field of study
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Individual data related to personal fitness (athletic ability, height, weight, etc)
- Degrees, honors and awards received
- Most recent educational agency or institution attended

Please note the choices below to opt-out of releasing all directory information or only address and/or telephone listing and/or academic. If you choose to opt-out from all directory information to be released, please know your child's name, photograph, and other information will not be made available in publications such as:

- The annual yearbook
- Honor roll or other academic recognition lists
- Event programs
- Sports activity sheets, showing year or grade of team members
- District and school websites and videos

Check the options below that best represent your Opt-Out wishes:

- Do not release my child's address or telephone listing
- Do not release my child's name
- Do not release my child's achievements or participation record
- Do not release my child's photo

(OR)

- Do not release any of my child's Directory Information as defined above

Parent/Guardian Signature (*Students 18 years of age may sign their own request*)

Date

Name of Parent/Guardian (*Please print*)

This opt-out form will become part of the student's cumulative record. After you have read and signed the permission form, please return it to the main office at your child's school. This form is valid only for the current school year and will need to be completed each school year.