

FORT ZUMWALT SCHOOL DISTRICT
Family Educational Rights to Privacy Act (FERPA)
Directory Information Opt-Out Form

I, _____, DO NOT give the Fort Zumwalt School
Parent or eligible student's name*
District permission to release any type of information pertaining to
_____ as directory information pursuant to the
Student's name
Family Educational Rights to Privacy Act (FERPA).

Student's First Name

Student's Last Name

Parent/Guardian Name (printed)

Signature*

Address

City, State, Zip

Date

*This request must be signed by the parent or eligible student (an "eligible student" is a student 18 years or older).

For a listing of designated "Directory Information" for the Fort Zumwalt School District, see policy JO and JO-R (Student Records).

Please return this completed form to your student's school office by the end of the school day,
_____.

The provision of this form does not reflect the position of Fort Zumwalt School District that the request for non-disclosure should or should not be made.

Approved: August 19, 2013