NCLB /FERPA Opt-Out Letter

If you wish to restrict the disclosure of your student's directory information, please check all boxes that apply and return to your child's school.

Federal law requires schools to release a secondary student's name, address, and phone number to military recruiters and institutions of higher education unless the student or his parent requests in writing that such information be withheld. In addition, the Family Educational Rights and Privacy Act (FERPA) gives parents (or students, if 18 years of age or older) the authority to prohibit schools from disclosing any or all directory information by providing notification in writing.

Please consider this letter notice of the following:

☐ As parent/legal guardian of a student who is less than 18 years of age and in high school, I hereby exercise my right to request that you do not disclose the name, address or telephone number of my son/daughter to:

☐ Military recruiters  ☐ Institutions of higher education

☐ As a student 18 years of age or older and in high school, I hereby exercise my right to request that you do not disclose my name, address or telephone number to:

☐ Military recruiters  ☐ Institutions of higher education

☐ As parent/legal guardian of a student less than 18 years of age, I hereby exercise my right under FERPA to request that you do not disclose any directory information for my son/daughter, except: [List directory information or purposes that you do permit, if any].

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

☐ As a student 18 years of age or older, I hereby exercise my right under FERPA to request that you do not disclose any of my directory information except: [List directory information or purposes that you do permit, if any].

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Student Name: ___________________________ Grade: ___________________________

(Please Print)

Name of School: ___________________________ Grade: ___________________________

(Please Print)

Signature of Parent/Legal Guardian ___________________________ Date ___________________________

Signature of Student (if 18 years of age or older) ___________________________ Date ___________________________

It is the policy of the Transylvania County Schools not to discriminate on the basis of race, color, national origin, sex, religion, age, disability, genetic information or veteran status in its educational programs, activities or employment policies.