



# Request to Withhold Student Directory Information Policy 9-27 E4 (Opt-out form)

**DO NOT RETURN THIS FORM UNLESS YOU WANT THE MONONGALIA COUNTY BOARD OF EDUCATION TO WITHHOLD YOUR STUDENT'S DIRECTORY INFORMATION OR PERSONALLY IDENTIFIABLE PHOTOGRAPHS AS OUTLINED BELOW:**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student ID Number

\_\_\_\_\_  
School

\_\_\_\_\_  
Grade Level

\_\_\_\_\_  
Homeroom

**Parent/Guardian, please choose ONE option:**

I DO NOT wish to have any of my student's **information disclosed** to any party without my consent

I **DO authorize** the release, without my consent of **ONLY the following** categories of information:

- Student name
- Student address
- Student telephone listings
- Date & place of birth
- Grade level
- Program of study
- Participation in officially recognized activities and sports
- Weight and height of member of athletic teams
- Dates of attendance
- Certificates
- Diplomas and awards received
- Most recent previous educational institution attended
- Media and district coverage (INCLUDING PHOTOS) of school activities or events

**I approve the release of information to the following parties: Check all that apply.**

- All parties, both within the county and outside entities
- Military recruiters
- Newspaper and television media
- Yearbook and school or county websites
- Colleges, universities and institutions of higher education

\_\_\_\_\_  
Parent/Guardian Signature or  
Student IF OVER 18 YEARS OLD

\_\_\_\_\_  
(Printed Parent/Guardian/Adult  
Student Name)

\_\_\_\_\_  
Date