



NORTH TIPPAH SCHOOL DISTRICT



S. JOHNSON SMITH, SUPERINTENDENT

20821 Hwy 15, Falkner MS, 38629

Phone: 662-837-8450 Fax: 662-837-8455

PARENTAL OPT OUT INFORMATION FOR PARENTS OF ALL NINTH THROUGH TWELFTH GRADE STUDENTS

Dear Parent:

Federal law requires each Local Educational Agency (LEA), upon request of a military recruiter or an institution of higher education, access to names, addresses, and telephone numbers of high school students. A parent may submit a request in writing to the LEA that such student information not be released without prior written consent of the parent.

If you wish to provide written consent prior to the release of this information you may use the below example and return it to your child's school. However, please be aware that if you choose not to return the form at this time, you may do so at any time during your child's school career. The request will be honored and it will be saved as a student record.

Sincerely,

Principal



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PARENTAL REQUEST FOR PRIOR WRITTEN CONSENT

You may complete the following if you do not consent to the release of your child's information - name, address, and telephone number - without first providing written permission to military recruiters and institutions of higher education that request this information. You must do so in writing. You may use this form to notify the school.

Student's First Name

Student's Last Name

Student's Official Class/Grade: _____

Name of School: _____

I am requesting that my child's name, address, and telephone number NOT be shared with the below without my express written consent:

_____ Military Recruiters and Institutions of Higher Education

Parent/Guardian Print Name

Signature

Date