

**AMHERST, MONT VERNON AND SOUHEGAN COOPERATIVE SCHOOL
DISTRICTS
FERPA DIRECTORY INFORMATION OPT-OUT FORM**

This form must be completed if you do not wish directory information for your child be disclosed without your prior consent. You must return this form to the school principal by September 30.

Name of Student: _____

School: _____

Grade: _____

I do not want any directory information disclosed without my prior consent. Directory information includes:

- Student's name
- Participation in officially recognized activities and sports
- Address
- Telephone listing
- Weight and height of members of athletic teams
- Electronic mail address
- Photograph
- Degrees, honors, and awards received
- Date and place of birth
- Field of study
- Dates of attendance
- Grade level
- The most recent educational agency or institution attended

PARENT/GUARDIAN or STUDENT 18 or older

Name

Signature

Date