

**SIGNING THIS FORM IS OPTIONAL. SIGN AND RETURN THIS FORM ONLY IF YOU DO NOT WISH TO HAVE SOME OR ALL DIRECTORY INFORMATION RELEASED.**

**STUDENT DIRECTORY INFORMATION OPT-OUT FORM**

The District is required to obtain your written consent prior to releasing educational records or personally identifiable information concerning your student. Federal law provides a number of exceptions to this requirement, for example, when releasing information to other school and District officials, to the Arizona and United States Department of Education, to other schools where your student seeks to enroll, and for other exceptions provided by law. The District may also release "directory information" (specified below) concerning your student without your written consent, unless you have provided the District notice of your desire to opt-out of directory information.

NOTE: Your student's home address, home telephone number, e-mail address, and class rank will ONLY be released as "directory information" under the following circumstances and to the following individuals and groups without your written consent: (1) Colleges, universities, and prospective employers for purposes of recruitment, notification of scholarship offers or job opportunities, and similar purposes; or (2) Tempe Union High School District-affiliated and approved groups or vendors [e.g. student groups and clubs (yearbook, student newspapers, student council, marching band, National Honor Society, and the like); student athletic teams; parent booster clubs; site council; parent-teacher groups; graduation vendors (photographs, caps and gowns, announcements), and the like]. This information will not be considered "directory information" if being requested by an individual or group that does not conform to the requirements above (e.g. for-profit business that are not District-approved vendors, outside media groups, and the like). In those circumstances, your student's home address, e-mail address, and class rank will not be released unless the District has obtained written consent provided by the parent/guardian or eligible student.

If you do not want any or all directory information about your student to be released to any person or organization without your prior signed and dated written consent, you must notify the District in writing by checking off any or all of the rejected information below and signing and returning this form to your student's school within two (2) weeks of receiving this form, or October 31, whichever occurs first. If the Tempe Union High School District does not receive this student's Student Directory Information Release Form by your returning this form within the prescribed time, the District will assume that your permission is given to use the directory information as described above.

**TO: Principal:** I **DO NOT** wish to have the TUHSD disclose the directory information checked below under any circumstance. The checked information **will not** be released to colleges or universities, it will not be used for scholarships, placed on athletic/activity rosters, or school programs, and photographs will not appear in the yearbook or other similarities for:

**STUDENT NAME:** \_\_\_\_\_ **ID NUMBER:** \_\_\_\_\_

**PARENT/LEGAL GUARDIAN/  
ELIGIBLE STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> Student's name  | <input type="checkbox"/> Student's honors and awards received   |
| <input type="checkbox"/> Student's parents' names                                | <input type="checkbox"/> Student's dates of attendance (semester, quarter, etc., not specific days in school) |
| <input type="checkbox"/> Student's home address                                  | <input type="checkbox"/> Student's participation in officially recognized activities and sports               |
| <input type="checkbox"/> Student's home telephone number                         | <input type="checkbox"/> Student's height, weight and athletic number if member of an athletic team           |
| <input type="checkbox"/> Student's District assigned electronic (e-mail) address | <input type="checkbox"/> Student's most recently attended educational agency or institution                   |
| <input type="checkbox"/> Student's current school of attendance                  | <input type="checkbox"/> Class rank by percentages (for example, top 10%, top 20%)                            |
| <input type="checkbox"/> Student's major field of study                          | <input type="checkbox"/> Class rank by GPA (for example, 3.0 and above)                                       |
| <input type="checkbox"/> Student's photograph                                    |   |
| <input type="checkbox"/> Student's grade Level (9th, 10th etc.)                  |   |
| <input type="checkbox"/> Student's enrollment status (part time or full time)    |   |

Military Opt-Out: Check this box if you do not want directory information released to military recruiters or military schools

**ITEMS CHECKED WILL NOT BE RELEASED AS DIRECTORY INFORMATION**

This form will remain in effect unless written notification is received from you, by the school Principal, identifying any changes you wish to make to your student's directory information.

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**STUDENT MEDIA RELEASE FORM**

Throughout the school year, students may be recognized or displayed in various District or School sponsored publications (print, electronic, film, video, audio, etc.) to promote TUHSD activities and achievements or to inform the community about school and District matters. The District may also prepare press releases for outside media groups to recognize students and their achievements or to inform the community about school and District matters.

On rare occasions, the District may also authorize various non-District groups (including outside media or other third parties) to film, make other recordings, or conduct student interviews on District or school property during the school day. In these circumstances, a District or School administrator is present to supervise the activity, and when possible, parents will be notified in advance of any recording or interview.

**Please note:** The District has no control over recordings made of your student outside of school or District property, at public events and activities, after school hours, or by unauthorized students or third parties.

**I acknowledge that failure to return this form within two (2) weeks from the date of distribution will constitute approval for the District (including District and school sponsored groups) to use or release the video, photographic, and/or audio representation, as well as name and likeness of my child [or of me (if student is at least 18)] for in District or school sponsored media releases, publications, social media, website(s), etc.**

**TO: PRINCIPAL:**

**MY SIGNATURE BELOW INDICATES THAT (CHECK ALL THAT APPLY):**

- 
- I do not consent to the District (including District and school-sponsored groups) to use the information listed above.
- I do not consent to authorized third party use of the information listed above.

**STUDENT NAME:** \_\_\_\_\_ **ID NUMBER:** \_\_\_\_\_  
(PLEASE PRINT)

**PARENT/LEGAL GUARDIAN/  
ELIGIBLE STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_