

OPT-OUT LETTER

Dear High School Parent (s)/Guardian(s) and Student:

Federal law requires the Saint Louis Public Schools to provide names, addresses, and telephone numbers of 11th and 12th grade high school students to military recruiters and institutions of higher education that request this information, except where the parent or student opts out by notifying the SLPS in writing that he/she does not consent to release this information. The optout notifications are provided to all ninth through twelfth grade students, as well as their parents.

While we are committed to protecting the confidentiality of our students, we must comply with the law. Parents/guardians and students who do not want contact information disclosed to military recruiters and/or institutions of higher education must fill out an opt out form and return it to the school's guidance counselor or school data processor by October 30, 2015.

Please be aware that you can change your options at any time. If you do not submit the form now, you may still opt out at any time. Please advise the principal in writing if you change your decision at a later date.

Parents/Guardians you will need to provide your school counselor the following information. See your child's school counselor or data processor for the actual form. Thank you.

Sincerely,

Elizabeth Bender

Elizabeth Bender, Ph.D. Associate Superintendent of College & Career Readiness



Dear High School Parent(s) or Guardian(s),

This form allows you to opt out of releasing your child's information - name, address, and telephone number - to military recruiters and/or institutions of higher education that request this information.

If you do **not** consent to the disclosure of this information, you **must** fill out the attached request form and return it to your child's guidance counselor or data processor by **October 30, 2015**. If you do not return the form by this date, we will release your child's information upon request. 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 and the request for non-disclosure will be honored.

Sincerely,

Elizabeth Bender

Elizabeth Bender, Ph.D.

Associate Superintendent of College & Career Readiness

PARENTAL OPT OUT FORM

Please complete the following if you do **not** consent to the release of your child's information - name, address, and telephone number - to military recruiters and/or institutions of higher education that request this information.

Student's Last Name:
Student's First Name:
Student's Official Class:
Name of School:
am requesting that my child's name, address, and telephone number NOT be shared with:
(Please check appropriate box)
Military Recruiters
Institutions of Higher Education
Both Military Recruiters and Institutions of Higher Education
Parent/Guardian:
Signature
Please Print Name