

Institutions of Higher Education
“Opt Out” from Disclosure of Student Contact Information

Federal law requires school districts to release the name, home address, and telephone number of all high school students to institutions of higher education (e.g., colleges and universities) upon request. The law also requires the school district to notify students and parents of the right to “opt-out” of this requirement by requesting the school district not to release the student’s contact information to institutions of higher education without prior written consent of the adult student or minor student’s parent/guardian. If you do NOT want the school district to release this information to **institutions of higher education**, complete this form and return it to: Kim Christensen, Wausau School District, 415 Seymour Street, Wausau WI 54403 or fax it to 715-261-2503. Completing and signing this form serves as a request for the school district to withhold this information.

___ As an adult student, I request that my name, address, and telephone number **not be released to institutions of higher education.**

(OR)

___ As parent/guardian, I request that my son/daughter’s name, address, and telephone number **not be released to institutions of higher education.**

High School: _____

Student Name: _____ Date of Birth: _____

Signature of Adult Student: _____ Date: _____

(OR)

Signature of Parent/Guardian: _____ Date: _____

Military Recruiters
“Opt Out” from Disclosure of Student Contact Information

Federal law requires school districts to release the name, home address, and telephone number of all high school students to military recruiters upon request. The law also requires the school district to notify students and parents of the right to “opt-out” of this requirement by requesting the school district not to release the student’s contact information to military recruiters without prior written consent of the adult student or minor student’s parent/guardian. If you do NOT want the school district to release this information to **military recruiters**, complete this form and return it to: Kim Christensen, Wausau School District, 415 Seymour Street, Wausau WI 54403 or fax it to 715-261-2503. Completing and signing this form serves as a request for the school district to withhold this information.

___ As an adult student, I request that my name, address, and telephone number **not be released to military recruiters.**

(OR)

___ As parent/guardian, I request that my son/daughter’s name, address, and telephone number **not be released to military recruiters.**

High School: _____

Student Name: _____ Date of Birth: _____

Signature of Adult Student: _____ Date: _____

(OR)

Signature of Parent/Guardian: _____ Date: _____