

**WAUSAU SCHOOL DISTRICT**

**REQUEST TO WITHHOLD DIRECTORY INFORMATION**

**PLEASE PRINT**

Student Name	
Address	
Parent/Guardian Name	
Residence Phone	
Cell Phone	
School	
Grade	

I / We, the undersigned, request the Wausau School District to withhold the following directory information where my / our initials appear.

The records I request withheld shall not be published or disseminated in any way unless said recipient obtains written permission of the undersigned or as otherwise required by law.

	PARENT	*ADULT STUDENT
Student's Name	_____	_____
Major Field of Study	_____	_____
Dates of Attendance	_____	_____
Activities and Sports Participation	_____	_____
Weight and Height - Athletics	_____	_____
Student Photograph (circle your preference below)	_____	_____
Social Media, School Newsletters/Publications, District/School Website, Yearbook, or All Places		
Degrees and Awards Received	_____	_____
Name of School Most Recently Previously Attended	_____	_____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Adult Student Signature

\*Adult students, 18 years of age or older, must personally initial for their authorization.