



Request for Consent Prior to Disclosure of Directory Information

Name: _____ Title: _____

Telephone: _____ Email Address: _____

**Please complete this section and return the entire form to your child's school.
Complete a separate form for each child.**

Name of Student: _____

School: _____ Date: _____

I request that the school obtain my prior written consent before any "Directory Information" is disclosed or released about my child.

Name of Parent/Guardian: _____
(please print)

Signature of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell/Pager: _____

Email Address: _____