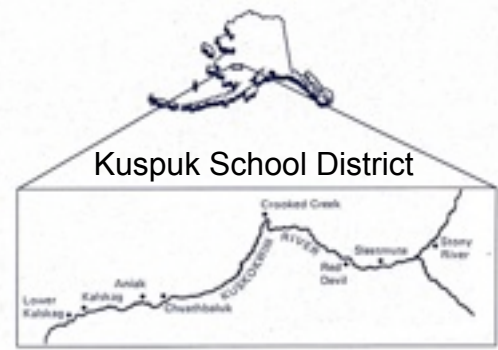


RELEASE OF STUDENT DIRECTORY INFORMATION AUTHORIZATION



2012 / 2013 School Year

The KuspuK School District has adopted a policy designed to assure parents and students the full implementation, protection and enjoyment of their rights under the Family Educational Rights and Privacy Act of 1974. A copy of the school district's policy is available for review in the office of the principal of all of our schools.

This law allows the School District to designate as "directory information" any personally identifiable information in a student's educational records that would not generally be considered harmful or an invasion of privacy if disclosed. School officials may release directory information about a student without first obtaining parental consent, unless you object by returning this form. In addition, upon their request, military recruiters and institutions of higher learning will have access to secondary students' names, addresses, and telephone listings, unless you object by returning this form.

The school district has designated the following information as directory information: student's name, address, telephone number, electronic mail address, photograph, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of athletic team members, dates of attendance, grade level, enrollment status, degrees and awards received, and most recent previous school attended.

You have the right to refuse the designation of any or all of the categories of personally identifiable information as directory information with respect to your student provided that you notify the school district in writing not later than **September 15 2012**. If you object to disclosure of some or all of this information, please complete and return the slip attached to this notice.

DETACH AND RETURN THIS FORM

KuspuK School District



PLEASE CHECK THE APPROPRIATE BOXES BELOW.

_____ I **DO NOT** wish to have my student's name, address, or phone number listed in the student directory information. (Please Sign Below)

_____ I **DO NOT** wish to have my student's name, address, phone numbers given to postsecondary educational institutions and military recruiters without my written consent. (Please Sign Below)

Student Name: _____

Date of Birth: _____

School: _____

Grade: _____

(Signature of Parent/Legal Guardian/Custodian of Child)

This form must be returned to the school no later than 5 days after the student first attends school for the year. If this form is not submitted or returned blank, student information will not be withheld.

Completed original form to be kept in office (Not in Cumulative Folder). Send copy to district office.