## Sample Form #4

## [School Letterhead]

**TO:** Parents/Guardians of children enrolled in [name of charter school]

FROM: [Staff member in charge of student records]

DATE: [Date of Memo]

**RE:** Notice of Intent to Disclose Student Directory Information

Pursuant to the Family Educational Rights and Privacy Act and/or Part B of the Individuals with Disabilities Education Act, adult students and the parents/legal guardians of minor students may request that a school refrain from publishing directory information regarding the student. Directory information, includes but is not limited to name, class, date of birth and home address. If a school provides notice that it intends to publish directory information, it may do so if no written objection is filed with the school after a reasonable period of time after notice is provided.

You are hereby notified that the school intends to publish the directory information indicated on the attached form. If you object to the publication of some or all of this information, please use the attached form to indicate your objection. For those items that you object to being published, please put a checkmark in the space to the right of those items and than return the form to the school office no later than *[date on which form is due]*. Please also be sure to fill out the information at the bottom of the attached form (student's name, your name, the date and your signature). Please note that if you do not return the attached form to the school by *[date on which form is due]*, we will assume that you have no objection to the publication of this information.

Thank you for you attention to this matter. If you have any questions, please contact [name of designated staff member] at [school's phone number].

## Directory information to be published by [name of school]\* [school year]

Name	
Date of Birth/Age	
Address	
Telephone Number	
E-Mail Address	
Photograph	
Grade	
Height and/or Weight <sup>1</sup>	
Academic Honors	
Participation in Extra-Curricular Activities	
Previous school attended	
Dates of attendance	
Student's Name:	
Print Your Name:	
Signature:	
Date:	

 $<sup>^{*}</sup>$  If you have no objection to the publication of the below information regarding your child, you need not complete this form.

<sup>&</sup>lt;sup>1</sup> This information will be published for members of athletic teams only.