

REFUSAL OF CONSENT FOR USE OF STUDENT INFORMATION
Parent /Guardian Notification Form

This form is to be used when a parent/guardian wishes to restrict the MSD of Washington Township from sharing information regarding his/her student. An individual form must be completed for **each student** the parent/guardian wishes to apply a restriction. This form with an original signature must be delivered to the student's school. The form may be delivered at any time, however, if a form is not received by the child's school within 14 days of enrollment or, for currently enrolled students, 14 days following the start of the school year, your child's directory information may be released without further permission.

This form is in effect for **THE CURRENT SCHOOL YEAR ONLY**. A new form must be submitted each year.

Current School Year: _____ **Current Grade:** _____

Student Name: _____ **MSDWT Student ID Number:** _____

Parent Name: _____ **Parent Phone:** _____

School the Child Attends: _____

Please check the item(s) below that represent the information you wish to the MSDWT to refrain from sharing.

Military	Checking this item will exclude student information from being sent to military recruiters
Higher Ed	Checking this item will exclude student information from being sent to institutions of higher education
Local	Checking this item will exclude student information from within the school district like yearbooks, photographs, sports information, theater programs, rosters, programs or articles where students' directory information is identified.
Media	Checking this item will exclude student information from being provided to newspapers or other media. This will exclude student information from being published in newspapers including honors, awards, etc.
Vendors	Checking this item will exclude student information from being provided to product and service vendors. Please note that MSDWT only shares student information from approved vendors such as class ring companies, yearbook companies, senior announcement companies and the like. MSDWT ensures that our contracted vendors will not share or sell any of our students' information to other companies or vendors.

By signing below, I understand that the selected restrictions on my child's information is in effect for the current (or upcoming) school year only. I further understand that I must file a new form annually with my child's school.

Parent Signature: _____

Date: _____

Office Use Only

Date Received: _____

Received by: _____

Entered to Skyward on (DATE): _____

Entered by: _____

Place form in Student's Cumulative Folder

If the parent/guardian is restricting the use of student information for multiple students, a separate form must be completed for each child.