

BALTIMORE COUNTY PUBLIC SCHOOLS

Joe A. Hairston, Superintendent

6901 Charles Street Towson, MD 21204-3711

TO: Parents and Eligible Students
FROM: Patsy J. Holmes, Director, Student Support Services
DATE: August 16, 2011
SUBJECT: **Opt Out Preferences – PLEASE READ CAREFULLY!**

This is the *Parental Opt Out Form for Directory Information* for the 2011-2012 school year. Under the *Family Educational Rights and Privacy Act* school systems may release directory information on enrolled students. Directory information includes: name, address, date of birth, participation in officially recognized activities and sports, height and weight (if a member of an athletic team), dates of attendance, degrees and awards received.

To opt out means that a parent or eligible student is not permitting Baltimore County Public Schools (BCPS) to share a student's directory information. To make your requests known, you must put your requests in writing or complete the form below and send it to the school's principal by October 1 of this school year or within 30 days of the student's enrollment in school. If you do not express your preferences, you are giving BCPS permission to share your child's directory information.

PARENTAL PRIVACY PREFERENCE OPT OUT FORM FOR DIRECTORY INFORMATION

1. You refuse to permit BCPS to release your child's name, address, and telephone number to United States military recruiters.
2. You refuse to permit BCPS to release your child's name, address, and telephone number to institutions of higher education such as: colleges, universities, or trade schools.
3. You refuse to permit BCPS to release your child's directory information to organizations such as Boys and Girls Clubs, YMCA, Scouts, PTA, boosters clubs, yearbooks, companies that take pictures at schools, and other agencies and businesses.
4. You refuse to permit BCPS to release your child's directory information to anyone.

Please complete and return this portion to school.

PARENTAL PRIVACY PREFERENCE OPT OUT FORM FOR DIRECTORY INFORMATION 2011-2012

Student's Name (printed) _____

School _____ Grade _____ Homeroom/Teacher _____

Please **CHECK** the statement(s) below that you expect BCPS to follow.

Please Check

1. Do not release my child's name, address, and telephone number to United States military recruiters. _____
2. Do not release my child's name, address, and telephone number to institutions of higher education. _____
3. Do not release my child's directory information to any organization of parents, teachers, students, former students, businesses, agencies, or any combination of these groups. _____
4. Do not release my child's directory information to anyone. _____

Parent's/Eligible Student's Signature Date

PLEASE READ OTHER SIDE

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