



**STATE OF HAWAII
DEPARTMENT OF EDUCATION**

**NON-DISCLOSURE OF INFORMATION
(OPT OUT)**

Complete and return this form to the school to withhold release of information on the following student:

Student's Name _____ Birthdate _____
(First) (Middle) (Last) (Month/Day/Year)

School Name _____ School Year _____

Directory Information means the student's name, date and place of birth, address, photograph, telephone, major field of study, dates of attendance, grade (class) level, participation in officially recognized activities and sports, weight and height of members of athletic teams, honors and awards received, graduation date, and the most recent educational agency, institution, or school attended.

Non-Disclosure Request of Directory Information – All Students, Grades Pre K-12

As the parent/legal guardian, or eligible student (at least 18 years of age) under the federal Family Educational Rights and Privacy Act, I request that the Hawaii Department of Education withhold the release of directory information in whole or in part as specified. **(Check ONE choice below):**

- Do not release any directory information **except** the student's name, photograph, grade level, honors and awards received, participation in officially recognized activities and sports, and school. This allows release of information for school purposes. Examples are: yearbook, class picture, school newspaper, honor roll, and commencement program.
- Do not release any directory information. This is a total "black out". The parent/legal guardian or eligible student would have to consent to each requested release.
- Do not release the following directory information as specified: _____

Check Below to Revise or Revoke a Previous Request to Withhold Directory Information

- My current choice is specified above. I revise my previous request to withhold directory information.
- All directory information can be disclosed.** I revoke my previous request to withhold directory information.

Signature for instructions relating to Directory Information _____ **Date** _____

DIRECTORY INFORMATION:

If a parent/legal guardian or eligible student does not file a request for non-disclosure, student information may be released to the extent that laws, regulations, or policies authorize such disclosures without consent.

Signee is: Parent/Legal Guardian Eligible Student (at least 18 years of age)

Release of Information to Military Recruiters (Name, Address, Phone Number) – Secondary School Students ONLY, Grades 7-12.

*Under the federal No Child Left Behind Act, school systems receiving funds under NCLB are mandated to provide the names, addresses, and telephone numbers of secondary school students to military recruiters upon their request, UNLESS secondary school students, or parents/legal guardians, request that such information **not** be released to military recruiters without their prior written consent.*

- I am the parent/legal guardian of the student, and request that the Hawaii Department of Education not release the student's name, address, and phone number to military recruiters.
- I am the secondary student and request that the Hawaii Department of Education not release my name, address, and phone number to military recruiters.

Signature for instructions relating to Military Recruiters _____ **Date** _____

NOTE: If the secondary school student or the student's parent/legal guardian does not Opt Out or request non-disclosure, student information will be provided to the military recruiters pursuant to laws, rules or regulations.

FOR SCHOOL USE ONLY

Student ID Number _____ School Code _____

DISTRIBUTION: ORIGINAL-School COPY-Parent/Legal Guardian or Eligible Student