

Please Respond
in English

English
Notice to Obtain Written Parental Consent
for Military or College Recruiters

Butte Falls School Dist 91
Notice to Obtain Written Parental Consent for
Military or College Recruiters

Name of Student: _____ Date: _____
(mm/dd/yyyy)

Name of Parent: _____ School: _____

Dear Parent, Guardian, or Secondary Students:

The district has received a request by a military recruiter or college for secondary school student information. You requested to be informed if such a request is made so that you may provide us with prior written consent to release such information.

The following group(s) have requested secondary student's name, address and telephone:

- Military Recruiter
optional: _____ (branch of military service)
- College, University or an Institution of Higher Learning.
optional: _____ (name of college, university, etc.)

Please complete the section below to provide us with *written consent* which gives us approval to release this information or your decision to deny release of this information. Please return this form to your child's school as soon as possible.

Sincerely,

**Parent or Guardian: Please complete this section and return the entire form to your child's school.
Use a separate form for each child.**

I am aware the district must provide student names, addresses and telephone listings access to military recruiters, colleges, or universities. I am aware the district will provide this information upon request, unless I require that such information not be given to the following groups *without prior written parental consent*:

Military Recruiters (please check one):

- Do not release my secondary student's information to military recruiters at any time.
- Do not release my secondary student's information to military recruiters until you have first obtained my *prior written parental consent* before doing so.

Colleges, Universities, or Institutions of Higher Learning (please check one):

- Do not release my secondary student's information to colleges, universities or other institutions of higher learning at any time.
- Do not release my secondary student's information to colleges, universities or institutions of higher learning until you have first obtained my *prior written parental consent* before doing so.

Name of Student: _____ Name of Parent or Guardian: _____

Parent Signature: _____ Date: _____
(mm/dd/yyyy)

Adult Student Signature: _____ Date: _____
(mm/dd/yyyy)

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	