

**Fort Ann Central School  
Parental Opt-Out Form**

Dear Parent or Guardian,

This form allows you to opt out of releasing your child's contact information to military recruiters and/or institutions of higher education that request this information.

If you do **NOT** consent to the disclosure of this information, you **must** fill out the form below and return it to the Guidance Office by **October 14<sup>th</sup>** of the current school year. If you do not return this form by that date, we will release your child's information upon request. However, please be aware that if you choose not to return the form by October 14<sup>th</sup>, you may do so at **any time** during your child's school career and the request for non-disclosure will be honored from that time forward.

Thank you for your cooperation.

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Please complete the following if you do **not** consent to the release of your child's contact information to military recruiters and/or institutions of higher education that request this information.

Student's Last Name \_\_\_\_\_

Student's First Name \_\_\_\_\_

Student's Year of Graduation (projected) \_\_\_\_\_

I am requesting that my child's name, address and telephone number NOT be shared with: (Please check appropriate selection)

\_\_\_\_\_ Military Recruiters

\_\_\_\_\_ Institutions of Higher Education

\_\_\_\_\_ Both Military Recruiters and Institutions of Higher Education

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature