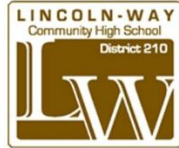


LINCOLN-WAY COMMUNITY HIGH SCHOOL DISTRICT 210

STUDENT DEMOGRAPHIC INFORMATION PRIVACY FORM



Central _____

East _____

North _____

West _____

For your information, Lincoln-Way Community High School District 210 regularly receives requests from various people and organizations for student names, addresses, and telephone numbers. **In certain circumstances, federal legislation requires the school district to provide military recruiters with this information.**

You may, however, request that your student's name, address, and telephone number **not** be released to **military representatives or other parties** without your prior written consent.

If you do **not** want your student's directory information released without prior written consent, please sign the form at the bottom of this page and return to the Principal's Office. Please be advised, if no form is on file, your student's directory information will be released without further notice.

I, _____, as parent/guardian of (or self if student is over 18 years old)

_____, a student at Lincoln-Way High School District 210, do **not** wish any directory

information to be released to military representatives or other parties without my prior written consent:

Parent's Signature

Date

OR

Student's Signature (18 years or older only)

I certify that I am 18 years old

Date

Student's Full Name (please **print**)

Student's I.D. Number