

Request to Restrict Release of Information Form



Complete this form and return it to your school if you do NOT want:

- The district to share photos, videos or public information about your child, or
- Information about your child released to military recruiters, or
- Your child to have access to the Internet at school.
- Automated phone calls to your cell phone.

Please enforce the following restrictions on release of information for my child.* Complete this portion every school year. Tacoma Public Schools highlights the great work and accomplishments of students throughout our schools and district. The student stories can include a wide-range of information, photos and video. By checking the box below, you can prevent the following public information from being shared: student's name, address, date and place of birth, photographs (including yearbooks), digital and video recordings, post-high school career plans, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, types of awards and degrees received, and the most recent school attended.

Do not release the information about my child described above.

Do not release my child's name, address or telephone number to military recruiters.

Please enforce the following restrictions on access to the internet for my child. Complete this portion every school year.

Do not provide my child access to the internet at school. (Access to the internet is described in "Use of District Technology Resources" section in this handbook.)

Please follow my preferences for communications to my cell phone.* This portion does NOT need to be completed every school year.

I do not give permission to Tacoma Public Schools to send automated communications to my cell phone.

Cell Phone # _____

Student Name: _____

School: _____ Grade: _____

Student's Address: _____

Parent/Guardian Name (please print): _____

Parent Guardian Signature*: _____

**Students who are 18 years of age sign their own request form.*

Student Signature**: _____

***Students may sign to opt out of release of information to military recruiters.*

Date: _____ Daytime phone number: _____

RETURN THIS FORM TO YOUR SCHOOL OFFICE

Distribution: File original in student folder, after updating proper field in student database.