

THE PUBLIC SCHOOLS OF PETOSKEY

DISTRICT "DIRECTORY INFORMATION" REVOCATION OF OPTING-OUT FORM

Student's Name: (Printed): _____

School Building: _____

Grade: _____

School Year: _____

To: [Principal's Name] _____

- I no longer request the school/district to withhold directory information concerning my child.
- I am confirming that the school/district may release this directory information to third parties upon receipt of this signed form.
- I understand that the school/district will not be liable for unreleased directory information prior to receiving this revocation request.

Today's Date: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Section for the Public Schools of Petoskey

Student ID Number: _____

Date Received at Building: _____

Principal or Secretary's Signature: _____

Notes: