## Lower Kuskokwim School District

## Family Educational Rights and Privacy Act (FERPA) Parent Request for Non-Disclosure of School Directory Information

The **Family Educational Rights and Privacy Act (FERPA)**, a Federal law, requires that LKSD, with certain exceptions, obtain your written consent prior to the disclosure of personally identifiable information from your child's education records. However, LKSD may disclose appropriately designated "directory information" without written consent, unless you have advised the District to the contrary in accordance with District procedures. The primary purpose of directory information is to allow LKSD to include this type of information from your child's education records in certain school publications.

Directory information, which is information that is generally not considered harmful or an invasion of privacy if released, can also be disclosed to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to, companies that manufacture class rings or publish yearbooks.

The Lower Kuskokwim School District has designated the following information as directory information:

- -Student's Name
- -Participation in officially recognized activities and sports
- -Address
- -Telephone listing
- -Weight and height of members of athletic teams
- -Electronic mail address
- -Photograph
- -Degrees, honors, and awards received
- -Date and place of birth
- -Dates of attendance
- -Grade level

If you **do not** want LKSD to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing by September 30. The form is located on the back on this sheet.

## Family Educational Rights and Privacy Act (FERPA) Parent Request for Non-Disclosure of School Directory Information

To: Parents of K-12 Students If you **do not** want your child's directory information released, please complete the following: Student Name: \_\_\_\_\_ School: \_\_\_\_ Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ \_\_\_\_\_\_ Phone: \_\_\_\_\_ **\_\_\_\_ Do not** release my child's directory information. Parent/Guardian Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ OR Eligible Student Signature: \_\_\_\_\_\_ Date: \_\_\_\_\_ Thank you

Please return this form to your child's school by September 30.