



STATE OF HAWAII
DEPARTMENT OF EDUCATION

OPT OUT FORM

for non-disclosure of a secondary school student's name, address, and telephone listing to **institutions of higher learning**

The Every Student Succeeds Act of 2015 (ESSA) requires local education agencies to release the names, addresses, and telephone listings (including unlisted numbers) of secondary school students to institutions of higher learning upon their request, unless the parent/legal guardian of a student or an eligible student (18 years of age) requests that the student's contact information not be released without the prior written consent of the eligible student or parent/legal guardian. ESSA requires school districts to inform secondary students and the parent/legal guardians of students their right to opt out of information being shared with institutions of higher learning upon their request.

If this form is completed, signed, and returned to the student's school, the school and school district shall not release the student's name, address, and telephone listing to institutions of higher learning without prior written consent of the eligible student or the parent/legal guardian.

To initiate this optional "opt out" request, this form should be completed and signed by EITHER the student's parent/legal guardian OR by the eligible student.

Student's Name (please print) _____

School _____

Date _____

Check the appropriate box:

- As a parent/legal guardian of this student, I am exercising my "opt out" right to direct that the student's school and school district shall not release the student's name, address, and telephone listing to institutions of higher learning recruiters without my prior written consent.

I understand that if I do not "opt out", then information will be released to institutions of higher learning upon their request.

Parent/Legal Guardian's Signature _____

Printed Parent/Legal Guardian's Name _____

OR

- As an eligible student, I am exercising my "opt out" right to direct that my school and school district shall not release my name, address and telephone listing to institutions of higher learning without my prior written consent.

I understand that if I do not "opt out", then information will be released to institutions of higher learning upon their request.

Eligible Student's Signature _____

School Use Only

Student's ID # _____

School Code _____