

# Maricopa Unified School District#20

44150W. MARICOPA-CASA GRANDE HWY.  
MARICOPA, ARIZONA 85138



## Board Members

Patti Coutré, President  
AnnaMarie Knorr, Vice-President  
Dr. Gary Miller, Member  
Torri Andersen, Member  
Joshua Judd, Member

September 25, 2017

Parents & Guardians,

In accordance with state law, Maricopa Unified School District must notify you that you have rights regarding the release of your student's directory information. This applies to students K-12.

During the school year, the District may compile non-confidential student directory information that may be used for the school yearbook, school directory, athletic/activity rosters, school or District programs and newsletters. Student directory information is also requested by others such as colleges, universities, scholarship committees, the military, newspapers or other similar entities.

According to State and Federal laws, student directory information may be released to third parties without permission of parents/guardians or eligible students. Except for reports to CPS or law enforcement that are required by law, MUSD will honor a parent's request to not release directory information.

If you do not want your child's directory information released, please check the box and sign and return this form to the designated teacher within 14 calendar days of the date it is received by parent/guardian and/or student. If this notification is not received, the District may release directory information without further notice.

**Please return to your child's School Administrator:**

- |  |  |
|--|--|
| <input type="checkbox"/> I <b>do</b> consent to military release. (high school only)     | <input type="checkbox"/> I <b>do</b> consent to educational release.     |
| <input type="checkbox"/> I <b>do not</b> consent to military release. (high school only) | <input type="checkbox"/> I <b>do not</b> consent to educational release. |

I do not want any of the information I have indicated below concerning my child to be designated as directory information and released to any person or organization without my prior written consent:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Name                       | <input type="checkbox"/> Enrollment status (e.g. part time or full time) Data and place of birth | <input type="checkbox"/> Most recent educational agency or institution attended   |
| <input type="checkbox"/> Telephone Listing          | <input type="checkbox"/> Dates of attendance   | <input type="checkbox"/> Major field of study                                     |
| <input type="checkbox"/> Address                    | <input type="checkbox"/> Weight and height (members of athletic teams)                           | <input type="checkbox"/> Participation in officially recognized activities/sports |
| <input type="checkbox"/> Electronic mail address    |  |   |
| <input type="checkbox"/> Photograph                 |  |   |
| <input type="checkbox"/> Grade level                |  |   |
| <input type="checkbox"/> Honors and awards received |  |   |

Student Name (printed): \_\_\_\_\_ Student Grade Level: \_\_\_\_\_

Parent/Guardian SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_