



ACADEMY OF AMERICAN STUDIES



William C. Bassell, Principal

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Mark Solkoff, Asst. Principal
Nina Cohen, Asst. Principal
Joanne Black, Asst. Principal
Jason Vanderwalker, Asst. Principal
Brian Mayer, Asst. Principal

TO BE FILLED OUT AND SIGNED BY STUDENT

Dear Student:

This form allows you to opt out of releasing your information, name, address, and telephone number, to military recruiters and/or institutions of higher education that request this information.

If you do **not** consent to the disclosure of this information, you **must** fill out the attached request form and return it to Ms. Incantalupo in 107 north by next week. If you do not return the form by this date, and you are a student in the 11th or 12th grade, we will release your information upon request. However, please be aware that if you choose not to return the form at this time, you may do so at **any time** during your school career and the request for non-disclosure will be honored.

Thank you for your cooperation.

Sincerely,

William C. Bassell
Principal

Student Opt Out Form

Please complete the following if you do **not** consent to the release of your information, name, address, and telephone number, to military recruiters and/or institutions of higher education that request this information.

Student's Name: _____

Student's Official Class: _____

Student's ID (OSIS) #: _____
(9 digits)

I am requesting that my name, address and telephone number **NOT** be shared with (please check appropriate box):

- Military Recruiters
- Institutions of Higher Education
- Both Military Recruiters and Institutions of Higher Education

Signature: _____