



# ACADEMY OF AMERICAN STUDIES



**William C. Bassell, Principal**

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

## **TO BE FILLED OUT AND SIGNED BY PARENT/GUARDIAN**

Dear Parent or Guardian,

This form allows you to opt out of releasing your child's 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 room 107 north as soon as possible. If you do not return the form by this date, we will release your child's 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 child's school career and the request for non-disclosure will be honored.

Thank you for your cooperation.

Sincerely,

William C. Bassell  
Principal

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### **Parental Opt Out Form**

Please complete the following if you do **not** consent to the release of your child's 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 child's 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

Parent/Guardian: \_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature