



The College of Staten Island High School for International Studies

A New York City Public School
Created in Partnership with College of Staten Island and Asia Society's Network of International Studies Schools
www.csihighschool.org
100 Essex Drive
Staten Island, New York 10314
Tel. (718) 370-6900 Fax: (718) 370-6915

Joseph Canale
Principal

Lauren Torres
Assistant Principal

Dear Parent:

Federal law requires the New York City Department of Education (DOE) to provide names, addresses, and telephone numbers of 11th and 12th grade high school students to military recruiters and institutions of higher education that request this information, except where the parent or student opts out by notifying the DOE **in writing** that he/she does not consent to release this information. While we are committed to protecting the confidentiality of our students, we must comply with the law.

If you do not consent to the disclosure of this information, you must fill out the following form and return it to your child's school by October 13, 2017. If you do not return the form by this date and your child is a student in the 11th or 12th grade, 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. For parents of 9th and 10th grade students, the opt-out form can be completed and saved in advance.

For more information or assistance, please refer to Chancellor's Regulation A-825 or contact the Military Recruitment Liaison in your school.

Thank you for your cooperation.

Sincerely,

Principal

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 Last Name: _____

Student's First Name: _____

Student's Official Class: _____ Name of School: _____

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: _____
 Print Name

 Signature

 Date