

William Cullen Bryant High School

"The Relentless Quest for Excellence"

Namita Dwarka, Principal

Telephone 718~721~5404

48~10 31st Avenue
Long Island City, NY 11103
www.wcbryanths.org

Fax 718~728~3478

PARENTAL OPT-OUT LETTER FOR PARENTS OF ALL NINTH THROUGH TWELFTH GRADE STUDENTS

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: William Cullen Bryant High 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: _____
PARENT NAME (PRINT)

PARENT SIGNATURE

Date

William Cullen Bryant High School

"The Relentless Quest for Excellence"

Namita Dwarka, Principal

Telephone 718~721~5404

48~10 31st Avenue
Long Island City, NY 11103
www.wcbryanthhs.org

Fax 718~728~3478

STUDENT OPT-OUT LETTER FOR ALL NINTH THROUGH TWELFTH GRADE STUDENTS

Dear Student:

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 attached form and return it to your school by October 13, 2017. 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. If you are a student in the 9th or 10th grade, the opt-out form can be completed and saved by the school.

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

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 Last Name: _____

Student's First Name: _____

Student's Official Class: _____ Name of School: William Cullen Bryant High School

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

Student: _____

PRINT NAME

SIGNATURE

Date