



STATE OF HAWAII
DEPARTMENT OF EDUCATION

NON-DISCLOSURE OF INFORMATION (OPT OUT)

Complete and return this form to the school to withhold release of information on the following student:

Student's Name _____ Birthdate _____
(First) (Middle) (Last) (Month/Day/Year)

School Name _____ School Year _____

Directory Information means the student's name, date and place of birth, address, photograph, telephone number or listing, major field of study, dates of attendance, grade (class) level, participation in officially recognized activities and sports, weight and height of members of athletic teams, certificates of completion (e.g., diploma), honors and awards received, graduation date, and the most recent educational agency, institution, or school attended.

Non-Disclosure Request of Directory Information – All Students, Grades Pre K-12

As the parent/legal guardian, or eligible student (at least 18 years of age) under the federal Family Educational Rights and Privacy Act, I request that the Hawaii Department of Education withhold the release of directory information in whole or in part as specified. **(Check ONE choice below):**

- Do not release any directory information **except** for school purposes, in which "school purposes" includes but is not limited to yearbooks, class pictures, school newspapers, honor rolls, and commencement programs. The items considered directory information for school purposes include the following: the student's name, photograph, date and place of birth, grade level, honors and awards received, participation in officially recognized activities and sports, weight and height of members of athletic teams, certificates of completion (e.g., diploma), honors and awards received, and school of attendance.
- Do not release any directory information. This is a total "black out". The parent/legal guardian or eligible student would have to consent to each requested release.

Check Below to Revise or Revoke a Previous Request to Withhold Directory Information

- My current choice is specified above. I revise my previous request to withhold directory information.
- All directory information can be disclosed.** I revoke my previous request to withhold directory information.

Signature for instructions
relating to Directory Information _____ Date _____

Signee is: Parent/Legal Guardian Eligible Student (at least 18 years of age)

FOR SCHOOL USE ONLY

Student ID Number _____ School Code _____

DISTRIBUTION: ORIGINAL-School COPY-Parent/Legal Guardian or Eligible Student