Please Respond in English

English

Family Education Rights and Privacy Act (FERPA) Parent Request to Refuse Release of School Directory Information Elementary or Middle School

Vaughn School District 74

Family Education Rights and Privacy Act (FERPA)
Annual Notice for Release of School Directory Information
Elementary or Middle School

Dear Parent or Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the release of personally identifiable information from your child's educational records. The exception is that the school may release some student information without written consent when the information is designated "Directory Information". The school may not release "Directory Information if you have advised the district in a way that follows school district procedures that you do not want this information released. Using this form to make this request follows school district procedures.

The primary use for Directory Information by the district is to include this type of information in certain school publications. It is generally not considered harmful or an invasion of privacy if released. Examples of school publications are:

- a performance program, showing your child's role in a school production
- honor roll or other recognition lists published at school or in newspapers
- school or student directory
- the school or district website

Directory Information can also be released to outside organizations without a parent's prior written consent. Outside organizations include, but are not limited to:

- other schools the student is seeking to attend (transcripts, etc.)
- state or federal authorities auditing programs, evaluating programs, or enforcing state or federal laws
- a court by order of a subpoena (legal request)

The school district has designated the following as Directory Information:

Student name	Dates of attendance
Telephone number	Grade level
Photograph	Awards or recognition received
Participation in school activities	Weight and height of athletic team members

If you do not want our school or district to release directory information about your child without your prior written consent, you must complete the attached form "Parent Request to Refuse Release of School Directory Information" by 9-2-24 to let us know which type of directory information you do not want released or request prior written consent prior to release.

We ask that you complete one form for each child and return the form(s) to your child's school. If you have any questions or concerns, please let us know.

Sincerely,

Loren Dunk	Superintendent
Name	Title
406 965 2231	ldunk@vaughnschool.com
Phone	Email Address

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Vaughn School District 74

Family Education Rights and Privacy Act (FERPA)
Parent Request to Refuse Release of School Directory Information
Elementary or Middle School

Name of Student: _____ Date: _____
(mm/dd/yyyy)

Name of Parent or Guardian: _____ School: _____

Use a separate form for each child you are requesting that school directory information not be released. Please return ths form to:

School Name: Vaughn School

Attention: Eudeen Smith

Address: 480 Central Ave

City, State, Zip: Vaughn, MT 59487

Parent or Guardian: Please complete the section below and return the <u>entire</u> form to your child's school
Please mark either 1, 2 or 3 from the list below

I am requesting that my child's school take <u>one</u> of the following actions regarding the release of school directory information.

1. ❑ Do not release ANY information about my child, including name, telephone number, grade level, etc.

or

2. ❑ Do not release the following information about my child (select one or more):

❑ Student Name	❑ Phone number
❑ Grade level	❑ Awards or school recognition
❑ Dates of attendance	❑ Photograph
❑ Participation in school activities	❑ Weight and height of athletic team members
❑ _____	❑ _____

or

3. ❑ Notify me for my prior written consent before any directory information is released about my child.

Signature of Parent o Guardian: _____ Date: _____
(mm/dd/yyyy)

Address _____ City: _____ State: _____ Zip: _____

Preferred method for school to communicate with parent: ❑ Phone ❑ Email

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