Aitkin Independent School District

Access to Student Information
By Military or College Recruiters

FOR STUDENTS CURRENTLY IN GRADES 10-12

PARENT/GUARDIAN: If you return this form, you must check one of the boxes.
Forms do not need to be returned if none of the options apply to your student.

School: Aitkin High School

Dear Parent/Guardian and Secondary Students:

Our district receives funds from the federal government under the *No Child Left Behind Act of 2001.* These funds are used in a variety of ways to provide additional help to students in greatest academic need. The law also requires that districts receiving funds must, upon request, provide to military recruiters, colleges and universities, access to the names, addresses and telephone listings of secondary students.

It is important for you to know that a secondary school student or his/her parent or guardian may request that the student's name, address, and telephone number not be released by the district *without prior written parental consent.* If you would like to make such a request, please complete the following and return it to your child's school.

Parent or Guardian: Please complete this section and return the entire form to your child's school.
Use a separate form for each child.

I am aware the district must provide access to military recruiters and colleges or universities of student names, addresses and telephone listings. I am aware the district will provide this information upon request, unless I require that such information not be given to the following groups *without prior written parental consent:*

Military Recruiters (please check one):

☐ Do not release my secondary student's information to military recruiters at any time.

☐ Do not release my secondary student's information to military recruiters until you have first obtained my *prior written parental consent* before doing so.

Colleges, Universities, or Institutions of Higher Learning (please check one):

☐ Do not release my secondary student's information to colleges, universities, or other institutions of higher learning at any time.

☐ Do not release my secondary student's information to colleges, universities, or other institutions of higher learning until you have first obtained my *prior written parental consent* before doing so.

Name of Student:_____ Name or Parent/Guardian_____

Parent Signature:_____ Date: _____

Adult Student Signature:_____ Date:_____

Return this form to the high school office no later than October 1st