

Student Name: _____ School: _____

Parent/Guardian Authorizations

Request to Withhold Release of Directory Information

Directory information may be released for any purpose at the discretion of the Stoughton Area School District per Wisconsin Statute 118.125 (1)(b) and (2)2(j). Under the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended, you have the right to withhold the release of any or all of the information listed below.

- Do not withhold any directory information
- Withhold ALL of the directory information listed below
- Withhold only those directory information items that are checked below
- Name of Student (if used for Web posting – K-8, First Name Only; 9-12, First and Last Name)
 - Address of student
 - Email Address of Student
 - Telephone Number of Student
 - Photographs of Student
 - Date and Place of Birth
 - Dates of Attendance
 - Major Field of Study (Grade Level)
 - Participation in Officially Recognized Activities and Sports
 - Weight and Height of Members of Athletic Teams
 - Degrees and Awards Received
 - The Name of the School Most Recently and Previously Attended by the Student

Media Release

I, and my parent/guardian, give consent for original written materials, artwork, or other work that I have created during the course of instruction, to be used by the SASD for exhibition, public display, publication, publicity material, advertising, a news media story, video, audio, or other electronic media, such as the internet, television, CD-ROM, or DVD.

I, and my parent/guardian, understand that my full name may be used with the display of my work. However, if the display of my work is to be on the District's website and I am in grades K-8, only my first name will be used. If I'm in grades 9-12, my full name may appear on the District's website.

I, and my parent/guardian, also understand that if consent is denied, such denial shall not apply where my material is incorporated into a greater or larger body of work (such as a student's voice in a choral recording or artwork produced by a group).

- I give my consent I do not give my consent

Signature Required

I verify the information above is correct and current. I will inform the school of any changes in this information.

Date: _____

Parent's Signature: _____

Student's Signature: _____