

St. Helena Unified School District
Access to Student Information
By Military or College Recruiters

Student Name: _____ Date: _____

Parent Name: _____ School: St. Helena High School

Dear Parent/Guardian and Student:

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 these 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 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 the high school office.

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

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 high school student's information to military recruiters at any time.
- Yes, you may release my high school student's information to military recruiters.

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

- Do not release my high school student's information to colleges, universities, or other institutions of higher learning at any time.
- Yes, you may release my high school student's information to colleges, universities, or other institutions of higher learning.

Parent Signature: _____ Date: _____

Adult Student Signature: _____ Date: _____

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	
	03/2024		