

FORM USED TO REMOVE STUDENTS FROM THE "DO NOT PHOTO" LIST

COMMUNITY HIGH SCHOOL DISTRICT 99

CHANGE OF PERMISSION FORM

As part of our community relations efforts and student recognition programs, District 99 may periodically release or publish information regarding our students and their accomplishments. **Use this form if you have previously denied permission for the release of certain student information for your student and wish to reinstate any or all permissions.** *Permission preferences indicated here will remain as part of your student's record unless you later submit another Denial of Permission to Release Student Information form.*

If you have previously denied permission to release such information but now DO wish to have your student's information released or to appear in such publications, please mark the appropriate box(es) below and complete the bottom portion of the form.

I DO allow the School District to release "directory" information concerning my student to the general public. "Directory" information includes name, address, gender, grade level, birth date and place, parents'/guardians' names and addresses, electronic mail addresses and telephone numbers, academic awards degrees, honors, recognition, and information related to school-sponsored activities, organizations and athletics. I also **DO allow** the School District to release or publish my student's voice, image, works, photographs or audio or video recordings in District publications, non-District publications and the web site. (NOTE: *District 99 reserves the right to release or publish photos or videos where your student appears in the background, or in extracurricular activities that appear in public.*)

I understand that by signing this form, my student **may be featured** in publicity about the achievements or activities of students or the school.

I DO allow the School District to release my student's name, address, or telephone number to recruiters from the armed forces and representatives of institutions of higher education.

Please complete, sign and return this form to your school's counseling office:

North High

Erin Ludwick
Asst. Principal for Student Support Services
4436 Main Street, Downers Grove, IL 60515

South High

Vince Walsh-Rock
Asst. Principal for Student Support Services
1436 Norfolk, Downers Grove, IL 60516

This form will remain in effect even after your student has graduated or left the District.

Print Student Name

ID Number (required)

Signature of Student

Date

Signature of Parent/Guardian

Date