

**DENIAL OF PERMISSION TO RELEASE STUDENT INFORMATION  
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 wish to deny permission for the release of certain student information for your student.** *Permission preferences indicated here will remain as part of your student's record unless you later grant permission.*

**If you deny permission to release such information, please mark the appropriate box(es) below and complete the bottom portion of the form.**

**I DO NOT 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 NOT 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 **will not be featured** in publicity about the achievements or activities of students or the school.

**I DO NOT allow** the School District to release my student's name, address, or telephone number to recruiters from the armed forces and/or 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**