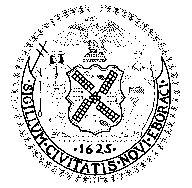
**UNIVERSITY NEIGHBORHOOD HIGH SCHOOL**

**New York University Partnership**

**Elizabeth Collins Principal**

**Patricia Catania Assistant Principal, Administration**

**Kelly Powell Assistant Principal, Supervision**

|  |
| --- |
| 200 Monroe Street New York, NY 10002 Tel: 212-962-4341• Fax: 212-267-5611 |

Dear Parent or Guardian,

This form allows you to opt out of releasing your child’s information - name, address, and telephone number - to military recruiters and/or institutions of higher education that request this information.

If you do **not** consent to the disclosure of this information, you **must** fill out the attached request form and return it to your child’s guidance counselor by **October 16, 2015**. If you do not return the form by this date, we will release your child’s information upon request. However, please be aware that if you choose not to return the form at this time, you may do so at **any time** during your child’s school career and the request for non-disclosure will be honored.

Thank you for your cooperation.

Sincerely,

Principal

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parental Opt Out Form**

Please complete the following if you do **not** consent to the release of your child’s information - name, address, and telephone number - to military recruiters and/or institutions of higher education that request this information.

Student’s Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Official Class: \_\_\_\_\_\_\_\_\_\_

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting that my child’s name, address, and telephone number **NOT** be shared with: (Please check appropriate box)

\_\_\_\_\_ Military Recruiters

\_\_\_\_\_ Institutions of Higher Education

\_\_\_\_\_ Both Military Recruiters and Institutions of Higher Education

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name Signature