

Request to Withhold Information

Student Information

Name: _____ Date of Birth: _____
 Current School: _____ Current Grade: _____ Student ID: _____

Authorization

I am the parent/guardian of the student named above.

I am the student named above and am age 18 or over and am considered an “eligible student” under the Family Educational Rights and Privacy Act.

In accordance with my rights as parent/guardian or eligible student under the Family Educational Rights and Privacy Act of 1974, as amended, 20 U.S.C. 1232g, also known as FERPA or the Buckley amendment (synopsis available in the Administrative Regulations, Student Rights 2.5.3—Student Records), I hereby request that the Jordan School District withhold directory information about my student from their educational record(s) without my specific written consent, as indicated below.

I am requesting that the Jordan School District withhold all of my student’s/my directory information. This request means my student’s/my directory information will not be shared with anyone seeking directory information from students attending school in the Jordan School District. I understand that directory information includes the following:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Student’s full name • Student’s address (local, home, and mailing) • Current grade • Student photograph • Date and place of birth • School(s) within the Jordan School District where the student has been enrolled | <ul style="list-style-type: none"> • Participation in officially recognized activities and sports, including weight and height for members of athletic teams • Honors and awards received • Dates of attendance, including date of graduation, school awarding graduation, and title of credential • Most recent previous educational agency or institution attended by the student. |
|--|--|

This request about my student’s/my directory information shall become effective immediately and shall remain in effect until revoked by me, in writing. I understand that even if I restrict access to my information, other students in classes for which I am registered may be given my name and contact information (generally email address) if, in the discretion of the instructor, this is appropriate to promote class discussion and/or interaction.

This form must be submitted to the principal of the school where the student is enrolled. If not submitted in person, the signature must be notarized.

 Signature of Requestor _____
 Date

If the request is not completed in person with valid photo ID, the signature must be notarized.

State of _____
 §
 County of _____

Subscribed and sworn before me this ____ day of _____, 20____
 by _____

 Notary Public

Office Use Only

Identity verified.
 Skyward Profile: Mark “Local” box as “No”
 Scan form and upload to Skyward cumulative folder (Document Type: Privacy)