

**STUDENT INFORMATION OPT OUT
SCHOOL YEAR 2025-2026**

If you do not want TUSD to disclose directory information from your child's education records without your prior written consent, you must notify the District in writing by completing this form prior to **October 1**. Please ensure to **review all options** and **select any and all that may apply**. If an option is not selected, it will be assumed that there is no objection to releasing such information.

Please ONLY complete this form if you want to make a change to your existing selections for the 2025-2026 SY.

Option 1) ☐ **DO NOT RELEASE MY CHILD'S DIRECTORY INFORMATION.** Please list the directory information that you wish to opt out of: _____

Option 2) ☐ **DO NOT RELEASE MY CHILD'S DIRECTORY INFORMATION FOR NON TUSD PURPOSES.** By selecting this option, I understand that my child's name and/or image will not be released to the press or the general public, or to third parties such as universities and colleges, employers, and military recruiters.

Option 3) ☐ **DISTRICT Opt-Out:** By selecting this option, I understand that TUSD cannot interview, photograph, or audio- or video-record my child for any purpose, including the yearbook.

***PLEASE NOTE:** TUSD has no control over recordings made of your child outside of school or District property, at public events and activities, after school hours, or by unauthorized students or third parties.

Option 4) ☐ **NEWS MEDIA Opt-Out:** By selecting this option, I understand that NEWS MEDIA cannot interview, photograph, or audio- or video-record my child for any purpose.

Option 5) ☐ **EXCEPTION TO OPTION #3:** I have selected option #3, but would like my child to be included in the yearbook.

Signature of student or parent/guardian: _____

Date: _____

Name of signing student or parent/guardian please print: _____