



Illinois State University Laboratory Schools
Student/Parent Directory Opt Out Form

Metcalf Laboratory School and/or University High School would like to provide information to one of our parent organizations to compile and distribute a student/parent directory. If you do not wish to have your information included in the directory, please indicate by checking the box in part I and we will NOT release any directory information.

I. Please check if you DO NOT want your information released:

_____ I **do not** want any information released to the parent organization compiling and distributing the directory.

II. If you do not wish to opt out completely, but wish to share only limited contact information, please list that information below. Only information provided here will be given out to the parent organization.

Student Name: _____

Street Address: _____

City,State,Zip: _____

Home Phone: _____

Parent/Guardian Name(s): _____

Work Number(s): _____

Cell Number(s): _____

Fax Number(s): _____

e-mail address(es): _____

Please sign, date and return this form to _____ by _____.

Signature

Date