



**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