

IPSWICH PUBLIC SCHOOLS

NOTICE OF POSSIBLE PUBLICATION OF CERTAIN STUDENT INFORMATION DURING THE SCHOOL YEAR

Date: _____

Dear Student/Parent:

Under Department of Education regulations, the school may release for publication certain information concerning you/your child from time to time without first obtaining your consent, unless you indicate now that we should not do so. The information which may be released for publication includes only the student's name, class, participation in officially recognized activities and sports, degrees, honors and awards, and post-high school plans.

If you do not wish this information concerning yourself/your child to be released for publication without your consent during the school year, please sign below and return to us by

_____.

Sincerely yours,

Signature of Principal or Other
Authorized Employee

Please do not release the following information for publication without first seeking my permission:

	(Check)
Student's Name	_____
Class	_____
Participation in officially recognized activities and sports	_____
Degrees	_____
Honors and awards	_____
Post-high school plans	_____
Do not release any of the above.	_____

Signature of student or parent*

Date

* This form may be signed by a student or former student of fourteen years of age or older, or a student in the ninth grade or above, or a parent.