

Release of Student Information Restrictions

PWHS Student's Name _____

Birthdate _____

Grade _____

Please **do not** send information regarding the above student pertaining to:

Further career opportunities including the armed forces.

Armed forces recruitment.

Other agency or community requests, i.e. photographer, drivers education company, banks, etc.

Parent or Student(If over 18) Signature _____

Parent Name _____

Office use Only

Date Submitted _____

Initials _____

Override of Student Opting Out of Information Release

PWHS Student's Name _____

Birth Date _____

Grade _____

Even though my child has requested to not have personal information released, please release the information with relative to:

Further career opportunities including the armed forces.

Armed forces recruitment.

Other agency or community requests i.e. photographer, driver's education company, banks, etc.

Parent or Student(If over 18) Signature _____

Parent Name _____

Office use Only

Date Submitted _____

Initials _____

PLEASE RETURN COMPLETED FORM TO THE HIGH SCHOOL COUNSELING OFFICE.