

347 EXHIBIT – REQUEST TO DISCLOSE DIRECTORY INFORMATION

Name _____ School _____
Date _____
Address _____ Telephone _____

Agency or institution represented: _____

Please state the intended use of this directory information: _____

To receive directory information, the participant must agree to comply with the following:

1. State the use of the data.
2. Allow the District 20 days to provide directory data.
3. The District will charge its usual and customary fee to provide copies of directory data if the written record is conducive to photocopying. If not, the actual cost of reproduction will be charged.
4. Directory data must be picked up at the school by the party requesting it. **Directory data includes: student name, present address, major field of study, participation in activities and sports, weight and height of members of athletic teams, photographs, degrees and awards received, name of school most recently attended.**
5. Directory data provided herein shall not be published or disseminated to other parties in any way by the recipient. It is intended for the sole use of the organization as stated on this form, and any requestor is to abide by state and federal laws/regulations concerning the re-disclosure of pupil records.
6. Failure to comply with the above could result in denial of future requests.

The undersigned recipient(s) requests the Wisconsin Rapids Public Schools to disclose the above requested directory information and agree to the above mentioned requirements.

FOR OFFICE USE ONLY

Approved:

YES

NO – Reason: _____

Principal Signature: _____

(Signature)

(Signature)

Revised 7/13/15