



LYNNFIELD PUBLIC SCHOOLS

525 Salem Street
Lynnfield, MA 01940

DIRECTORY INFORMATION OPT OUT FORM

Student's Last Name: _____

Student's First Name: _____

Student's School: _____

Student's Grade Level: _____

Parent/Guardian Full Name _____

Today's Date: _____

The Lynnfield Public Schools has identified the following information as directory information that can be shared via print or electronic media:

- Student Name
- Student Photograph
- Grade level
- Degrees, honors, and awards received
- Participation in officially recognized activities and sports
- Height and weight of members of athletic teams
- Dates of attendance/enrollment
- Most recent school attended

If you agree to allow the Lynnfield Public Schools to share directory information about your student, you do not need to do anything.

If you prefer to DENY the sharing of your student's directory information, please check below, sign the form, and return it to the building principal at your child's school.

I DO NOT wish for my student's directory information to be shared by the Lynnfield Public Schools

Please sign on the line below

Parent/Guardian Name: _____

Please type your name in the line above indicating your agreement and understanding that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.