

Please Respond  
in English

**English**  
Access to Student Information by  
Military or College Recruiters

**Cocke County School District**  
**Access to Student Information by**  
**Military or College Recruiters**

School: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Dear Parent, Guardian, or Secondary Students:

Our district receives funds from the federal government under the *Elementary and Secondary Education Act* as amended (2015). These funds are used to provide additional help to students in greatest academic need. If requested, the law also requires that districts receiving these funds must provide military recruiters, colleges and universities access to the names, addresses and telephone listings of secondary students.

It is important for you to know that a secondary school student or his or her parent or guardian may request that the student's name, address, and telephone number not be provided by the district *without prior written parental consent*. If you would like to make such a request, please complete the following form and return it to your child's school.

***Parent or Guardian: Please complete this section and return the entire form to your child's school.  
Use a separate form for each child.***

I am aware the district must provide student names, addresses and telephone listings access to military recruiters, colleges, or universities. I am aware the district will provide this information upon request, unless I require that such information not be given to the following groups *without prior written parental consent*:

**Military Recruiters** (please check one):

- Do not release my secondary student's information to military recruiters at any time.
- Do not release my secondary student's information to military recruiters until you have first obtained my *prior written parental consent* before doing so.

**Colleges, Universities, or Institutions of Higher Learning** (please check one):

- Do not release my secondary student's information to colleges, universities or other institutions of higher learning at any time.
- Do not release my secondary student's information to colleges, universities or institutions of higher learning until you have first obtained my *prior written parental consent* before doing so.

Name of Student: \_\_\_\_\_ Name of Parent or Guardian: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Adult Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	