



Miami-Dade County Public Schools

**Directory Information Opt-Out Form**

<b>FOR REGISTRAR USE ONLY:</b>	
1 - USM	5 - USM/FAFSA
2 - IHE	6 - IHE/FAFSA
3 - FAFSA	7 - USM/IHE/FAFSA
4 - USM/IHE	

Miami-Dade County Public Schools (M-DCPS) generally protects a student’s personally identifiable information<sup>1</sup> from disclosure without prior consent from parents or eligible students. However, unless the parent or eligible student specifically states in writing that they do not want this information provided, M-DCPS is required to provide senior high school students’ names, addresses, and telephone listings to military recruiters or institutions of higher education upon their request.<sup>2</sup>

Additionally, in a joint effort to increase the number of students applying for higher education financial aid, Miami-Dade County Public Schools and the United States Department of Education (USDOE) are participating in a Free Application for Federal Student Aid (FAFSA) Completion Project. Unless the parent or eligible student specifically states in writing that they do not want student information provided, M-DCPS may provide student information to the USDOE for this purpose. If you do **not** want your child’s information disclosed to any or all of these entities, check the space next to each entity listed below to which you do **not** want your child’s information disclosed.

**I DO NOT CONSENT TO DISCLOSURE** of my child’s name, address, telephone listing, or birth date to the following (check all that apply):

- United States Military (Army, Navy, Air Force, Marines, Coast Guard, etc.)
- Institutions of Higher Education
- USDOE for FAFSA Completion Project

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ID#: \_\_\_\_\_

**I understand that by checking the spaces above and submitting this form to the person indicated below, M-DCPS will restrict the disclosure of personally identifiable student information from my child’s educational records to the entities that I have selected.**

**I further understand that if I do not complete and return this form, M-DCPS will release the information to the above-mentioned entities upon request by the entity and has no further obligation to contact me on a case-by-case basis to request my consent for the disclosure of directory information to these entities.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To prohibit disclosure to the above-listed entities, return this form to your child’s school within the next 30 days to:**

<sup>1</sup> The *Family Educational Rights and Privacy Act* (20 U.S.C. § 1232g; 34 C.F.R., Pt. 99) governs the confidentiality of student educational records.

<sup>2</sup> See 20 U.S.C. § 7908.