



## Student Opt-Out Form for Release of Info to Military and Colleges

***Please complete the following if you do not consent to the release of your information - name, address, and telephone number - to military recruiters and/or institutions of higher education that request this information.***

Student's Last Name: \_\_\_\_\_

Student's First Name: \_\_\_\_\_

I am requesting that my name, address, and telephone number **NOT** be shared with: (please check appropriate box)

\_\_\_\_\_ Military Recruiters

\_\_\_\_\_ Institutions of Higher Education

\_\_\_\_\_ Both Military Recruiters and Institutions of Higher Education

Student: \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Date: \_\_\_\_\_

Please return to:

Schalmont High School  
1 Sabre Drive  
Schenectady, NY 12306