



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