

FORM 515A1

NOTICE OF RIGHT TO REFUSE RELEASE OF PUBLIC DATA

In accordance with the **Family Educational Rights and Privacy Act (FERPA)**, the School District may disclose directory information from the education records of a student and information regarding parents without prior written consent of the parent of the student or eligible student. Directory information means information contained in an education record of a student which would not generally be considered harmful or an invasion of privacy if disclosed. The types of information that the District has designated as directory information are those set forth in the opt-out form below. The School District provides annual public notice of a parent's and eligible student's rights under **FERPA** in the Student Handbook.

To refuse the release of the directory information listed below, a parent or eligible student must complete this Form 515A1 (Notice of Right to Refuse Release of Public Data) and submit it to the Office of Registration & Records. Please be advised that the District may still release such information if required by law or if permitted under FERPA.

I request that the following directory data **NOT** be disclosed to third parties without my written consent.

CHECK ALL BOXES THAT APPLY

☐ **ALL INFORMATION IDENTIFIED
BELOW**

- | | |
|--|---|
| <input type="checkbox"/> Student name
<input type="checkbox"/> Photograph and/or digital image
<input type="checkbox"/> Date and place of birth
<input type="checkbox"/> Major field of study
<input type="checkbox"/> Dates of attendance
<input type="checkbox"/> Grade level | <input type="checkbox"/> Enrollment status (i.e. full-time or part-time)
<input type="checkbox"/> Participation in officially recognized activities and sports
<input type="checkbox"/> Weight and height of members of athletic teams
<input type="checkbox"/> Degrees, honors and awards received
<input type="checkbox"/> Most recent educational agency or institution attended |
|--|---|

Student Name:	Parent/Guardian Name:
Current School:	Relationship to Student:
Address:	City, State, Zip Code:
Parent/Guardian/Student Over Age 18 Signature:	
<p>Return this form in one of the following ways:</p> <p>IN-PERSON: Office of Registration and Records</p> <p>MAIL: 615 7th Street SW, Rochester, MN 55902</p> <p>EMAIL: registration@rochesterschools.org</p> <p>FAX: 507-328-5998</p>	

***NOTE: This Form 515A1 must be
completed annually***