



OPT-IN TO DIRECTORY INFORMATION BEING RELEASED

Date: _____ School Name: _____

Student Name: _____

Student ID Number: _____

I, _____ (Parent/Guardian Name), wish to opt my child (named above) in to have directory information released by the Washoe County School District as of the date listed above.

Parent/Guardian Signature: _____

To Be Completed By District Staff

For Office Use Only:

Infinite Campus (IC) changed by _____

Date _____

Staff Instruction: scan this document to OnBase > Parental Permissions.