

**VERNON TOWNSHIP PUBLIC SCHOOLS  
ACCESS TO STUDENT INFORMATION  
BY MILITARY OR COLLEGE RECRUITERS**

Print Name of Student: \_\_\_\_\_

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

Print Name of Parent: \_\_\_\_\_

Grade: \_\_\_\_\_

***Parent or Guardian: Please complete any or all of the sections below and return the entire form to Vernon Township High School. Use a separate form for each child.***

I am aware the district must provide access to military recruiters and colleges or universities of student names, addresses, and telephone listings. I am aware the district will provide this information upon request, unless I require that such information not be given or only be given with *prior written parental consent*:

**Military Recruiters** (please check one)

- Do not release my secondary student's information to military recruiters at any time.
- Do not release my secondary student's information to military recruiters until you have first obtained my *prior written parental consent* before doing so.

**Colleges, Universities, or Institutions of Higher Learning** (please check one)

- Do not release my secondary student's information to colleges, universities or other institutions of higher learning at any time.
- Do not release my secondary student's information to colleges, universities or other institutions of higher learning until you have first obtained my *prior written parental consent* before doing so.

Parent Signature: \_\_\_\_\_

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

Adult Student Signature: \_\_\_\_\_

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