

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

Student Name _____

Date _____

Parent Name _____

Grade 11 _____ Grade 12 _____

Parent or Guardian: Please complete the section below and return the form to the Vernon Township High School.

I am aware the district must provide access to military recruiters with the student's name, address, and telephone listing. I am aware the district will provide this information upon request, unless I refuse that such information not be given.

Military Recruiters (please check one)

- Do not release my son/daughters information to military recruiters at any time.
- I give parental permission to release my son/daughters information to military recruiters.

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

- Do not release my son/daughters information to college, universities or other institutions of higher learning at any time.
- I give parental permission to release my son/daughters information to college, universities or other institutions of higher learning.

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____