



JAMES MADISON HIGH SCHOOL

3787 Bedford Avenue Brooklyn, New York 11229.2409

www.madisonhs.org
Joseph A. Gogliormella, Principal

Telephone: 718.758.7200
FAX: 718.758.7341



"Education is the true foundation of civil liberty." - James Madison

Dear Parent or Guardian:

Federal law requires the New York City Department of Education to provide names, addresses, and telephone numbers of 11th and 12th grade high school students to military recruiters and institutions of higher education that request this information, unless you or your child notify us that you do not consent to the release of this information. As per Chancellor's Regulation A-825, opt-out notifications are provided to all ninth through twelfth grade students, as well as their parents. For 9th and 10th grade students, the opt-out can be completed and saved in advance.

While we are committed to protecting the confidentiality of our students, we must comply with the law. Unless you notify the Department of Education **in writing** that you do **not** consent to the release of your child's information, we must disclose your child's name, address, and telephone number to military recruiters and institutions of higher education that request this information about our students.

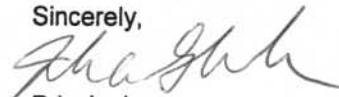
If you do **not** want your child's name and contact information disclosed to military recruiters and/or institutions of higher education, you **must** fill out the attached form and return it to your child's guidance counselor by **October 18, 2011**. Please note you may withhold your child's information from military recruiters, institutions of higher education, or both. If you do not return the form, we are required to release your child's contact information to military recruiters and/or institutions of higher education.

Please be aware that you can change your options at any time. If you do not submit the form now, you may still opt out at **any time** during your child's school career and decide not to release his/her information. Please advise the principal in writing if you change your decision at a later date.

Your child also has a right to request that his or her information not be released. We encourage you to discuss this decision with your child.

Thank you.

Sincerely,


Principal



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Dear Parent or Guardian,

This form allows you to opt out of releasing your child's information - name, address, and telephone number - to military recruiters and/or institutions of higher education that request this information.

If you do **not** consent to the disclosure of this information, you **must** fill out the attached request form and return it to your child's guidance counselor by **October 18, 2011**. If you do not return the form by this date, we will release your child's information upon request. However, please be aware that if you choose not to return the form at this time, you may do so at **any time** during your child's school career and the request for non-disclosure will be honored.

Thank you for your cooperation.

Sincerely,

Principal

PARENTAL OPT OUT FORM

Please complete the following if you do **not** consent to the release of your child's 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: _____

Student's Official Class: _____

Name of School: _____

I am requesting that my child's 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

Parent/Guardian: _____

Please Print Name

Signature

Motivation - Academics - Diversity - Inquiry - Scholarship - Originality - Nobility