The Clinton School

An IB World School

10 East 15th Street New York, NY 10003
Phone: 212.524.4360/Fax: 212.524.4365
www.theclintonschool.net
Jonathan Levin, Principal
Cheryl Goett, Upper Grades Director

September 2018

Dear Student:

Federal law requires the New York City Department of Education (DOE) 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, except where the parent or student opts out by notifying the DOE in writing that he/she does not consent to release this information. While we are committed to protecting the confidentiality of our students, we must comply with the law.

If you do not consent to the disclosure of this information, you must fill out the attached form and return it to your school counselor (Ms. Schaffzin, last names A-K or Mr. David-Lang, last names L-Z) by October 19, 2018. If you do not return the form by this date and you are a student in the 11th or 12th grade, we will release your 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 school career and the request for non-disclosure will be honored. If you are a student in the 9th or 10th grade, the opt-out form can be completed and saved by the school. For more information or assistance, please refer to Chancellor's Regulation A-825. Thank you for your cooperation.

Sincerely,

Jon Levin

Please complete the following if you do not consent to the release of your 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: _____

I am requesting that my 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

Student: _____ _____
Print Name Signature

Date: _____