

FOR HIGH SCHOOL STUDENTS ONLY

Personal Information Waiver

My signature below authorizes Stark County High School to refuse release of personal information (date of birth, social security number, address, phone number, etc.) to all military personnel, marketing firms, etc., who request same from Stark County High School, on all of my students attending Stark County High School.

I understand permission will be granted until student leaves or graduates Stark County High School.

I also understand that if my student wishes to have the above information released, permission must be granted in writing by the student or parent/guardian.

parent/guardian signature

date

Student Name(s)

_____	_____
_____	_____
_____	_____