



**SOUTH WASHINGTON COUNTY SCHOOLS**  
**High School**  
**Denial of Release of Information/Photography Opt-Out Form**

The district's policy 515 relating to the protection and privacy of student records is in place to allow minimal information, as defined by the district in accordance with state statute, is available to the public. Should parents/guardians (or students, ages 18 or older) not want the information shared, this form must be completed and submitted to the Office of Student Information, District Service Center, 7362 E. Pt. Douglas Road S., Cottage Grove, 55016, or to the office of the school the student attends **NO LATER THAN OCT. 1 EACH SCHOOL YEAR.**

**Directory information**, defined by policy 515, include the student's name, dates of attendance, grade level, enrollment status (i.e. full or part-time), participation in officially recognized activities and sports, weight and height of members of athletic teams, degrees, honors and awards received, and the most recent educational agency or institution attended.

I **DO NOT** give permission for my child's directory information to be shared with any individual or organization outside of those listed as parents and/or guardians on their official school record.

**Student photography / videos** are frequently taken by staff and media (with permission from the school principal or communications department) for use in school programs, publications, website or other marketing purposes. Parents/guardians (or students, ages 18 or older) must also opt-out if they do not want their student (or themselves) to be photographed for any school district purpose. This form must be completed and submitted to the Office of Student Information, District Service Center, 7362 E. Pt. Douglas Road S., Cottage Grove, 55016, or to the office of the school the student attends **NO LATER THAN OCT. 1 EACH SCHOOL YEAR.**

I **DO NOT** give permission for my child to be photographed, videotaped, and/or interviewed by representatives from and/or employees of South Washington County Schools or the media for educational or public relations purposes.

Student Name: _____ Parent or Guardian Name (Printed): _____ Signature of Parent or Guardian: _____ Date: _____
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**-- OR --**

18-Year-Old Student Name: _____ Signature of Student: _____ Date: _____
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This form must be returned by Oct. 1 of each school year to:  
**The Office of Student Information, District Service Center**  
 7362 E. Pt. Douglas Road S., Cottage Grove, MN 55016 | Fax: 651-425-6320  
*The form may also be turned into your school office for forwarding to the DSC.*