



FERPA DIRECTORY INFORMATION OPT-OUT FORM

Name (Printed) _____

Student ID: _____

NOTICE OF DIRECTORY INFORMATION OPT OUT

In accordance with the Federal Educational Rights and Privacy Act of 1974 (FERPA), as amended, a student's education records are maintained as confidential and, except for a limited number of special circumstances listed in that law, will not be released to a third party without the parent/student's prior written consent. The law, however, does allow schools to release student "directory information" without obtaining the prior consent of the parent/student. If you do not want the release of certain types of directory information without your prior consent, you may choose to "opt-out" of this FERPA exception by signing the Form below. Directory information of a student who has opted-out from the release of directory information, in accordance with this policy/procedure for opting out, will remain flagged until the student requests that the flag be removed by completing and submitting a revocation of the opt out to the School.

TO: West Virginia Virtual Academy

I request the withholding of the following personally-identifiable information identified as Directory Information under FERPA. I understand that upon submission of this form, the information checked cannot be released to third parties without my written consent or unless the WVVA is required by law or permitted under FERPA to release such information without my prior written consent; and that the checked directory information will not otherwise be released from the time WVVA receives my form until my opt out request is rescinded. I understand that I may not opt out of use of my student ID number because it is necessary identifying information for the WVVA. I further understand that if directory information is released prior to the School receiving my opt out request, the WVVA may not be able to stop the disclosure of my directory information. I understand that I may request and challenge how my directory information is used by contacting the School.

____ CHECK HERE TO OPT OUT OF ALL DIRECTORY

INFORMATION IDENTIFIED BELOW

or

CHECK THE INDIVIDUAL BOXES BELOW TO SELECTIVELY

OPT OUT OF INFORMATION SHARING

____ Name

____ Address

____ Telephone listening

____ Electronic mail address

____ Photograph



____ Date and place of birth

____ Major field of study

____ Dates of attendance

____ Grade level

____ Participation in officially recognized activities and sports

____ Weight and height of members of athletic teams

____ Degrees, honors, and awards received

____ Most recent educational agency or institution attended

____ Participation in officially recognized activities and sports

____ Student ID number, user ID, or other unique personal identifier used to communicate in electronic systems but only if the identifier cannot be used to gain access to education records except when used in conjunction with one or more factors that authenticate the user's identity, such as a PIN, password, or other factor known or possessed only by the authorized user.

Date: _____

Name (Print): _____

Signature: _____

If under 18, a parent or guardian must sign to opt the student out.

Please submit a completed copy of this form by emailing it to:

wvrecords@westvaacademy.org

or by mailing it to:

WVVA
3508 Staunton Avenue
3rd Floor
Charleston, WV 25304