

## HCPA PHOTO/VIDEO AND MILITARY OPT OUT FORM

**Photo/Video Opt Out Instructions:** A parent/guardian must complete and submit this form NOT LATER THAN OCTOBER 15 of each year, or within two (2) weeks of their student's enrollment in HCPA if there is an intention to opt out of allowing their student's directory information to appear in official HCPA publications, HCPA advertisements, HCPA controlled social media accounts and other HCPA approved outreach/public relations materials. **Note:** A parent/guardian must submit a form for each student attending HCPA.

**HCPA has designated the following student information as directory information pursuant to 20 U.S.C. § 1232g(a)(5)(B):**

Name, likeness, school work and any documents, photographs and video recording containing this information.

**Note:** HCPA has also designated your student's address and telephone number as directory information, however this information will ONLY be provided to military recruiters as required by federal law. To opt out of providing this information to military recruiters, please see the next page.

If an opt out form is not submitted by OCTOBER 15, it is understood that the parent/guardian accepts HCPA's policy of allowing HCPA to release their student's directory information from October 15, 2021 to August 31, 2022. A parent may also submit this form at any time between October 15, 2021 and August 31, 2022 to prevent your student's directory information from appearing in official HCPA publications, HCPA advertisements, HCPA controlled social media accounts and other HCPA approved outreach/public relations materials. A form received after October 15, 2021 will only prevent the distribution of your student's directory information after the date HCPA receives the form.

\_\_\_\_\_ **I do not give permission for my student's name, likeness school work and/or any documents, photographs or video recordings containing this information to appear in official HCPA publications, advertisements, HCPA controlled social media accounts and other HCPA approved outreach/public relations materials.**

**Student Name:** \_\_\_\_\_ **2023-2024 Grade:** \_\_\_\_\_

**Parent/Guardian Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Military Opt Out Instructions (11th and 12th Grade Students Only):** Please check the below box if you do not want your student's name and contact information to be distributed to military recruitment officers.

I do not give permission for my student's name, address and telephone number(s) to be distributed to military recruitment officers.

Student Name: \_\_\_\_\_ 2023-2024 Grade: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Please return this completed form to the school's main office.