

**Illinois State University Laboratory Schools**  
**Student/Family Directory Opt Out Form**

Metcalf Laboratory School and/or University High School would like to provide information to the PTO in order to compile and distribute a student/family directory. If you do not wish to have your information included in the directory, or would only like to share limited information, please indicate your choices below. You may change your mind or update any information during the school year using the PTO Member Toolkit.

**I. Please check if you DO NOT want your information released:**

\_\_\_\_\_ I **do not** want any information released to the PTO compiling and distributing the directory.

**II.**

If you do not wish to opt out completely, but wish to share only limited contact information, please list that information below. Only information provided here will be given out to the PTO.

Student Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Work Number(s): \_\_\_\_\_

Cell Number(s): \_\_\_\_\_

E-mail Address(es): \_\_\_\_\_

Student Homeroom Teacher: \_\_\_\_\_

**Please sign, date, and return this form to the main office by Aug. 15<sup>th</sup>.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date