

Adopted: 10-5-2004

Revised: 1-9-2018

TRIO Wolf Creek Distance Learning Charter School #4095

Procedure 107

Data Privacy Request Form

If any parent/guardian would object to having their child's name, grade, teacher, height and weight (given only if a member of an athletic team, extracurricular participation, or a picture or video taken and used for public distribution or viewing) please fill out and sent this request to:

TRIO Wolf Creek Distance Learning Charter School
29678 Karmel Avenue
Chisago City, MN 55013

Parent/Guardian's Printed Name: _____

Address: _____

City/Zip: _____ Phone: _____

Please keep the above information private with regard to the following student(s):

1. Student's Name: _____

Current Grade: _____

2. Student's Name: _____

Current Grade: _____

Signature of Parent/Guardian

Date

_____ Check here if you do **not** want information released to **Military Organizations**.

Please note that this request must be filled out each school year and received by October 15th to be in effect for the current school year. Thank you.

For Charter School Use:

Date Received: _____

Current School Year: _____