

**Opt out Form**

I, \_\_\_\_\_, hereby request that the following directory information for [my son] [my daughter] [myself], \_\_\_\_\_, be removed by The Lake Superior State University Charter Schools Office from its list of uses for student directory information for the 2017-2018 school year:

All student directory information

The following specific items:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

Signature of Parent/ Guardian/ Student: \_\_\_\_\_

Name of Parent/ Guardian/ Student: \_\_\_\_\_

Return form by electronic mail to: Brooke Maciag at [bmaciag@lssu.edu](mailto:bmaciag@lssu.edu) or send to Lake Superior State University, Charter School Office, 650 W Easterday Avenue, Sault Ste Marie, MI 49783.