Narragansett School System
Request to Withhold Selected Student Information
(to Parents, Guardians, Students over 18)

Please **do not** release directory information without my prior written consent to:

_____ School Publications

_____ Military Recruiters

_____ Institutions of High Education

Name of student(s):
_________________________________________________
 ________________________________________________

______________________________________________

Parent/Legal Guardian: ________________________________
(or student 18 or older)

Signature & Date: ________________________________     ____________

This form must be submitted to the school office by **October 3**, and it will be in effect until the beginning of the next school year.