Dear Parent/Guardian/Student:

A federal law called the No Child Left Behind Act requires that we provide the names, addresses and telephone numbers of all secondary school students to those military recruiters and institutions of higher learning who request this information. However, the law also allows the student or parent/guardian to request that this information not be released and requires us to comply with such a request.

If you do not object to the school releasing this information to military recruiters and institutions of higher education, you do not need to do anything further. If, on the other hand, you do not want the school to release this information to either military recruiters or institutions of higher education or both, please fill out the form below indicating your wishes and return it as soon as possible to Salem High School, 44 Geremonty Drive, Salem, NH 03079.

Signing this form does not prevent a parent/guardian or a student who is 18 from consenting to the release of such information at some later time. (Students under 18 can object to the release of the information, but only a parent or a student who is 18 can thereafter consent to the release of the information.)

This law also requires that we provide military recruiters the same access to secondary school students as we provide to post-secondary educational institutions or to prospective employers of those students. Since we allow post-secondary educational institutions and prospective employers to meet with our students at school, we will allow military recruiters the same privilege. However, no student will be required by the school to meet with any of these representatives.

If you have any questions, please feel free to call the Principal of Salem High School at 603-893-7069.

I/WE REQUEST THAT INFORMATION REGARDING _____________________________________ (Name of Student)

NOT BE RELEASED TO: (You may check either or both).

☐ Military Recruiters
☐ Institutions of Higher Education

______________________________  ________________________________
Date  Parent/Legal Guardian of Student*

______________________________  ________________________________
Date  Student*

*Either or both may sign.