

**Bernards Township School District**  
**Family Educational Rights and Privacy Act (FERPA)**  
**Annual Notice for Disclosure of School Directory Information**  
**Elementary/Middle School**

Dear Parent/Guardian:

The Family Educational Rights and Privacy Act (FERPA) is a federal law that requires the school district, with certain exceptions, to obtain your written consent prior to the disclosure of personally identifiable information from your child’s educational records. Sometimes our school or district may disclose some student information without written consent when the information is designated “directory information” unless you have advised the school or district to the contrary in accordance with district procedures.

The primary purpose of directory information is to allow us to include some types of information in certain school publications and is generally not considered harmful or an invasion of privacy if released. Examples of school publications are:

- a playbill or program showing your child’s role in a school production
- honor roll or other recognition lists published at school or in newspapers
- school/student directory
- school or district website

Directory Information can also be disclosed to outside organizations without a parent’s prior written consent. Outside organizations include, but are not limited to:

- other schools the student is seeking to attend (student records, etc.)
- state or federal authorities auditing, evaluating programs or enforcing state or federal laws
- a court by order of a subpoena

Our school district has designated the following as directory information:

Student name	Dates of attendance
Telephone number	Grade level
Photograph	Awards or recognition received
Participation in school activities	Weight and height of athletic team members

If you do not want our school or district to disclose directory information about your child without your prior written consent, you must complete the attached form “Parent Request for Non-Disclosure of School Directory Information” by 09/15 to let us know which type of directory information you wish to deny release or request prior written consent prior to release.

We ask that you complete one form for each child and return the form(s) to your child’s school.

If you have any questions or concerns, please let us know.

\_\_\_\_\_ Dr. Kathy Pecoraro \_\_\_\_\_  
Name  
\_\_\_\_\_ 908-204-2550 X 103 \_\_\_\_\_  
Telephone Number

\_\_\_\_\_ Principal Liberty Corner School \_\_\_\_\_  
Title  
\_\_\_\_\_ kpecoraro@bernardsboe.com \_\_\_\_\_  
Email Address

**Bernards Township School District**  
**Family Educational Rights and Privacy Act (FERPA)**  
**Parent Request for Non-Disclosure of School Directory Information**  
**Elementary/Middle School**

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ School: Liberty Corner School

Use a separate form for each child you are requesting nondisclosure of school directory information. Please return this form to:

School Name: Liberty Corner School  
 Attn: FERPA  
 Address: 61 Church Street  
 City, State ZIP: Liberty Corner, NJ 07938

*Parent/Guardian: Please complete the section below and return the entire form to your child's school.  
 Parent: Select either 1, 2 or 3 from the list below*

I am requesting that my child's school take one of the following actions regarding the release of school directory information.

1.  Do not release ANY information about my child, including name, telephone number, grade level, etc.
- or
2.  Do not release the following information about my child (select one or more):
 

<input type="checkbox"/> Student name	<input type="checkbox"/> telephone number
<input type="checkbox"/> grade level	<input type="checkbox"/> awards or school recognition
<input type="checkbox"/> dates of attendance	<input type="checkbox"/> photograph
<input type="checkbox"/> participation in school activities	<input type="checkbox"/> weight and height of athletic team members
<input type="checkbox"/> _____	<input type="checkbox"/> _____
- or
3.  Notify me for my prior written consent before any directory information is disclosed or released about my child.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method for school to communicate with parent:  telephone  email

OFFICE USE ONLY			
Student ID #	Date Distributed	Date Received	
	09/01		