



**REACH Georgia Application
2018-2019 Academic Year**

REACH INFORMATION OPT OUT FORM

FERPA OPT OUT FORM

I, _____, (Print Name of Parent/Guardian), hereby revoke authorization for _____ (Print Name of School) school to release and/or discuss my child's educational records including, but not limited to, attendance, discipline, grades, and home address with colleges and universities for the purpose of seeking to recruit my child to their academic institution. I realize that if this revocation of authorization is made after August 24th, my child's information may have already been distributed for that year and the revocation of authorization will be effective for the following year.

Applicant Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

**REVOCAION OF CONSENT TO PHOTOGRAPH, FILM, OR VIDEOTAPE A STUDENT
FOR NON-PROFIT USE**

I, _____, (Print Name of Parent/Guardian), hereby revoke my permission to the school, the School System, Georgia Student Finance Authority, the REACH Georgia Foundation, Inc., and other REACH Georgia affiliates to use photographs, video images, writing, voice recordings of my student and his or her immediate family in news reports, newsletters, REACH Georgia website content, program marketing materials, graduation programs, articles, and/or other media outlets. I realize that this revocation of permission is effective from the date of my signature below and is not effective retroactively.

Applicant Name: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____