

Return this form only if you DO NOT want your child to participate in the Lexington Public Library Student Success Card program.

Fayette County Public Schools
Lexington Public Library



Student Success Library Card Information Opt-Out Form

For all students

The district has designated a student's **full name, birthday, student number, school information, projected year of graduation, home room, home address, phone number, and FCPS email address** as information to be shared with Lexington Public Library for the creation of the Student Success Library Card. If you **do not** want this information released to Lexington Public Library, **the parent/guardian or eligible student (18 years of age or older) must sign this form and return it to the school office within two weeks of receipt. This opt-out request will remain in effect for the current school year only.**

I hereby exercise my rights under state and federal law and hereby request that the **full name, birthday, student number, school information, projected year of graduation, home room, home address, phone number, and FCPS email address** for _____ (student name), currently a student at _____ (school name), **not** be released to Lexington Public Library without prior written consent.

I understand and acknowledge that this opt-out request will remain in effect for the current school year only. I understand it will exclude my student from receiving the Student Success Library Card from Lexington Public Library.

Signed by (check one): eligible student parent guardian

Signature

Name (please print)

Address

City/State/ZIP

I do NOT want my child to participate in the Lexington Public Library Student Success Card Program.