
Parent Affirmation Form
Military Mailing List Opt Out

I wish for my child, a junior or senior, at _____
to be excluded from mailing lists provided to all branches of the United States military.

STUDENT'S NAME (PLEASE PRINT)

PARENT/GUARDIAN'S NAME (please print)

Male Female

STUDENT ID #

GRADE LEVEL

GENDER

PARENT/GUARDIAN'S SIGNATURE

DATE

FOR 18-YEAR-OLD STUDENTS:

I am a junior or senior at _____.
I wish to be excluded from mailing lists provided to all branches of the United States
military.

STUDENT'S NAME (please print)

Male Female

STUDENT ID #

GRADE LEVEL

GENDER

STUDENT'S SIGNATURE

DATE

This completed form must be returned to your counselor or the registrar at your school.