

## Parental Opt-Out of Protection of Pupil Rights Amendment (PPRA)

Student Name \_\_\_\_\_

School \_\_\_\_\_

I hereby acknowledge receipt of information regarding PPRA. I understand that I have to agree or disagree in allowing my child, \_\_\_\_\_, to participate in  
(student's name)

the conduct of surveys, collection and use of information for marketing purpose and certain physical exams.

\_\_\_ **Agree**

\_\_\_ **Disagree**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date