

Cradle-to-Career Data System

Opt-Out Language

I, the undersigned, am requesting that all information for the person identified be excluded from the Cradle-to-Career Data System. In order to locate the applicable record, please provide us with the following information to identify the records that should be excluded:

- First name
- Middle name
- Last name
- Suffix (if applicable)
- Current address
- Date of birth
- Unique identifier(s), such as Social Security Number (SSN) or Taxpayer Identification Number (TIN); and/or Statewide Student Identifier (SSID) or Postsecondary Identifier (if applicable); and/or medical record number and/or unique patient identifier (if applicable)

Signature:

Name:

Parent/Guardian of (if applicable):

We will use good faith efforts to remove your data from the Cradle-to-Career Data System, however, data will continue to be maintained by state agencies or institutions that contribute the data. Please provide a valid phone number or email address so that we can contact you if we have difficulty locating your specific records:

Phone number:

Email address:

Date:

Note: As part of the record of this opt-out request, your contact information will be retained.