

**TEEN COURT OF HIGHLANDS COUNTY
RELEASE OF DIRECTORY INFORMATION**

The following information is designated as "Directory Information" pursuant to Section 1002.22, Florida Statutes and any such information may, without authorization from parents or guardians be released unless specified objection is made known in writing to the Teen Court Office. If you fail to sign and return this form, you will be deemed to have given permission to release all the directory information listed.

_____ I give permission to release the information listed below.

_____ I object to the release of any information on my child.

**THIS IS ONLY USED TO ALLOW TEEN COURT TO PHOTOGRAPH THE VOLUNTEERS
DURING THE YEAR**

Teen Court Volunteer's Name: _____

Address : _____

**Participation in and photographs of officially recognized Teen Court activities.
Photographs in the newspaper, or other official Teen Court articles or publications.
Dates of Attendance**

I understand this Request is valid only if received by the Teen Court Office and effective a reasonable time for data entry. It will continue in effect until modified in writing, received at the Teen Court Office or the juvenile is 18 years of age, or the expiration of thirty (30) days from the annual notice, whichever comes first.

Dated: _____

Student's Name
(please print)

Name of Parent/Guardian (please print)

Signature of Parent/Guardian

SIGN AND RETURN THIS FORM TO THE TEEN COURT OFFICE