

TRECA 107 N. Main St., STE 100 Marion, OH 43302 Phone: 888-828-4798 Fax: 740-389-6695

Adult Student Opt-Out for Release of Information

This form must be completed by a TRE	CA Digital Academy student who is 18 years or older.
Student Name	
Student Date of Birth:	
This form removes any previous rele	ease of informations related to the student above.
Please list any contacts who TRECA should no long	ger share information with (names of persons or organization)
Contact Name:	Contact Phone:
	OR
Check this box to remove the Release of than the student.	f Information from all individuals and/or entities other
This authorization shall be valid from the oin writing or withdraws from TRECA Digital	date signed until the student revokes the authorization al Academy.
Student Name:	
Student Signature:	Date: