



2017-2018 Information Sharing Form

HHNE compiles and releases current student contact information to current HHNE families. *This list may not be used to solicit business or be shared or published in any manner.*

To participate **or** “opt out”, please check the applicable response.

Full Name _____

Current Address _____

City, State Zip _____

Select your preference:

I do not want HHNE to share my contact information on the
2017-2018 HHNE Family Contact Information List

HHNE has my permission to share my contact information on the
2017-2018 HHNE Family Contact Information List

By opting out, you are instructing HHNE not to share your contact information with current HHNE families.

This form must be signed and returned to the office by July 31, 2017. Forms not received by July 31, 2017 will be considered implied consent.

Print Name

Signature

Date