



GAINESVILLE CITY SCHOOLS

ONE GAINESVILLE: We will inspire, nurture, challenge, and prepare our students.

**STATEMENT OF OBJECTION
TO THE USE OF SOCIAL SECURITY NUMBER
FOR STUDENT IDENTIFICATION**

THIS FORM MUST BE COMPLETED FULLY PLEASE PRINT OR TYPE

SCHOOL _____

Student Name (Please Print): _____ Grade: _____

I DO NOT WISH TO HAVE THE SOCIAL SECURITY NUMBER OF MY CHILD PLACED IN THE SCHOOL RECORDS OF THE GAINESVILLE CITY SCHOOL DISTRICT.

Signature of Parent/Guardian

Date

PLEASE NOTARIZE

Sworn to and subscribed before me this _____ day of _____, 20_____.

NOTARY SEAL: _____

Signature of Notary Public & Date of Expiration

Signature of School Official

Date