Opt-Out Form for COVID-19 Contact Notification

Dear Student,

This notification includes a consent form to prevent your information being provided to the local or state health agency if there is a known positive COVID-19 case confirmed on campus. If you do not want to be notified that you may have been exposed to a person that has tested positive for COVID-19, please sign this form and return it by 8/20/20. If we do not have a copy of this form on file for your child by 8/20/20, we will assume that you give permission for your name, as well as your name, address, and telephone number to be given to the state or local health agency so that you can be contacted.

Please return this form to the Registrar's Office at the Student Services counter in the Student and Community Services Center (SCSC).

Please call Patricia Miller in Health Services if you have any questions regarding this consent.

I _____(print name), do **not** want to be notified that I may have been exposed to a person that has tested positive for COVID-19.

_____ _____

Student's Name (Printed) Student Signature

_____

Date

Confidentiality

Your decision whether to opt-out and any information that may be provided to the state or local health agency in the event they are notified is considered confidential and will not be released to any third party.