



# Social Security Number Waiver

**\*Notice: This form requires a notarized signature from someone outside the school district.**

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

School Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent Signature

***I DO NOT WISH TO HAVE THE SOCIAL SECURITY NUMBER OF MY CHILD  
PLACED IN THE SCHOOL RECORDS OF THE HALL COUNTY SCHOOL DISTRICT.***

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### Notary

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_.

NOTARY PUBLIC: \_\_\_\_\_ My commission expires: \_\_\_\_\_

### School Official Signature

\_\_\_\_\_  
School Official Printed Name

\_\_\_\_\_  
School Official Signature

\_\_\_\_\_  
Date