

**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

**School Official Signature**

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

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

\_\_\_\_\_  
Date