



Statement of Non-Disclosure  
Of  
Social Security Number

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School Attending: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

In signing this waiver, I acknowledge that I am refusing to provide a copy of my child's Social Security Card to the Boone County School District. By signing this waiver your child **will not be eligible** for the **Kentucky Educational Excellence Scholarship funds** for their college education.

**I also understand that any programs requiring my child's SS# for participation, within the Boone County School District and/or the Kentucky Department of Education, will not be available to my child.**

Parent Signature \_\_\_\_\_

DATE: \_\_\_\_\_