



**The GLOBE Academy**  
Global Learning Opportunities through Balanced Education

### Social Security Waiver

Student's Legal Name / Vital Information:

\_\_\_\_\_

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Suffix) \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Grade: \_\_\_\_\_

Place of Birth:

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

If born outside US: date arrived in US: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

first time in US School \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Statement of Objection to use of Social Security Number

I do not wish to have my child's Social Security Number placed into school records, and I decline the request to provide a copy of the Social Security Card.

I understand that my child's Social Security Number will be required for HOPE Scholarship eligibility.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signature: \_\_\_\_\_