

OPT-OUT LETTER: VOICE RECORDING BY AMIRA ISIP

Fill in the blanks and submit to your child's principal before the first assessment window.

PARENT INFORMATION

Parent/Guardian Name: _____
Address: _____
City: _____ Zip: _____
Email: _____
Phone: _____
Date: _____

SCHOOL INFORMATION

Principal Name: _____
School Name: _____
School Address: _____

CHILD INFORMATION

Child's Full Name: _____
Child's Grade: _____
Teacher's Name: _____

RE: REQUEST TO OPT OUT OF VOICE RECORDING BY AMIRA

Dear Principal _____,

I am writing to inform you that **I do not consent to my child's voice being recorded or retained by Amira ISIP or any other AI-powered tool used in the classroom.** My child's voice is biometric data. I am not comfortable with it being collected by a technology platform that our state's own Legislative Education Study Committee has confirmed was deployed without a formal vetting process, without statewide student data privacy standards specific to AI, and without a formal evaluation process for AI education tools.

I am not refusing the reading assessment. I am requesting that my child be assessed using the paper format or the non-verbal version of Amira ISIP, both of which are available within the system. PED's Amira ISIP Guidance confirms that local administrators can disable the retention

of student voice recordings, and Amira's website states that districts may choose to disable audio collection entirely.

Specifically, I am requesting the following:

1. That my child does not have their voice recorded during any Amira assessment, including beginning-of-year, middle-of-year, end-of-year, and any monthly progress monitoring assessments.
2. That my child be assessed using the paper format or non-verbal version for all required reading assessments this school year.
3. That any voice recordings of my child that may already exist in the Amira system from prior school years be deleted. PED's guidance has confirmed that school districts may request erasure of recorded audio.
4. That I receive written confirmation that all three of these requests have been processed before my child's first assessment of the 2026-27 school year.

I understand that PED expects a 95% participation rate on mandated assessments. **I want to be clear that my child will participate in the required assessment. I am only requesting that the assessment be administered without recording my child's voice.** This should have no impact on participation rates.

If there is an **additional publicly documented process** required for this request, please provide it to me immediately so that it can be completed before the assessment window opens. If no additional publicly documented process exists, this letter serves as my formal written request and I expect it to be treated as such.

Thank you for your attention to this matter. I look forward to your written response.

Sincerely,

[Parent/Guardian Name] Parent/Guardian of [Child's Full Name]