



Summer Math Program for Young Scholars

Office of University Programs
105 E. 17th Street, Room 249A
New York, NY 10003
Telephone: (212) 998-2292
E-mail: university.programs@nyu.edu

CONSENT TO DISCLOSURE OF STUDENT INFORMATION

Please note that this form grants access to parents and guardians to information about the student during his/her time with the program. It does not grant direct access to the student's official academic record at NYU. Directions on how to access a student's grades is online at <http://www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/FERPA.html> (Click "Clarification for Parents").

In accordance with the Family Educational Rights and Privacy Act of 1974 ("FERPA"), I, (NAME OF STUDENT) _____, hereby grant permission to Summer Math staff and administrators at New York University to discuss and to share information concerning the following matters (check all that apply):

- my academic progress in Summer Math
- my personal behavior during Summer Math
- my health during Summer Math

with the following persons:

Parent/Guardian Name	Relation to Student
Parent/Guardian Name	Relation to Student
Parent/Guardian Name	Relation to Student

This consent will be valid until revoked by me in writing.

Student Signature: _____
(to electronically sign in Adobe, select Sign in above toolbar)

Student Name: _____

Student NYU E-mail: _____

Date: _____

This form must be completed by the student and the original mailed to Summer Math Program for Young Scholars.