



**NYU**

**SCHOOL OF PROFESSIONAL STUDIES**

**NYU School of Professional Studies  
High School Academy**  
Office of University Programs  
105 E. 17th Street, Room 249A  
New York, NY 10003  
P: 212 998 7006  
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## Consent to Disclosure of Student Information

*Please note that this form grants access to the NYU School of Professional Studies High School Academy 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 the NYU School of Professional Studies High School Academy 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 the NYU School of Professional Studies High School Academy
- my personal behavior during the NYU School of Professional Studies High School Academy
- my health during the HS Academy at NYU

with the following persons:

Parent/Guardian \_\_\_\_\_ Relation to Student \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relation to Student \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Relation to Student \_\_\_\_\_

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

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

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

Student NYU E-mail: \_\_\_\_\_

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

***This form must be completed in pen by the student and the original mailed to the Office of University Programs at 105 E. 17th Street, Room 249A, New York, NY 10003. Copies of the form or forms received via fax or e-mail will not be accepted.***