NYU MIDDLE & HIGH SCHOOL PROGRAMS
CONSENT TO DISCLOSURE OF STUDENT INFORMATION

This optional form grants access to parents and guardians to basic information about the student during their time with their program(s). It does not grant direct access to the student’s official records at NYU. Students may grant parental access to records. Directions on how to request access to academic and financial records are available online:

Access to academic records: NYU Office of the Registrar, www.nyu.edu/registrar
Access to financial records: NYU Office of the Bursar, www.nyu.edu/bursar

Family Educational Rights and Privacy Act of 1974
The Federal Family Educational Rights and Privacy Act of 1974 (FERPA) establishes standards concerning the privacy of student education records and the rights of students to inspect and review their education records. As enrolled students in a post-secondary institution, NYU Middle & High School Programs students are entitled to the protection afforded them under FERPA, and the right of access to their educational record belongs to the student no matter the legal age or status as a minor.

Students may elect to sign and submit this form to permit the release of select information to their parents or guardians about the student while attending a NYU program. Please be advised, however, that FERPA allows the NYU staff to notify the parents or guardians of a student when there is a significant threat to a student’s health and safety or if a student has violated a University or program rule/policy or a public law concerning alcohol or another controlled substance among other circumstances. The decision whether to notify parents or guardians in such situations will be made according to the professional judgment of appropriate staff and does not require the prior consent of the student.

In accordance with the Family Educational Rights and Privacy Act of 1974 (“FERPA”), I, (NAME OF STUDENT) ________________________________, hereby grant permission to NYU Middle & High School Programs staff and administrators to discuss and to share information concerning the following matters (check all that apply):

☐ my academic progress in my NYU program(s)
☐ my personal behavior during my NYU program(s)
☐ my health during my NYU program(s)

The following persons may have access to the above information:

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<th>Relation to Student</th>
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This form must be completed by the student and submitted directly to NYU University Programs or the student’s program. Copies of the form received via email will only be accepted if sent via the student’s NYU email account.

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

_________________________________________
Student Signature

Student NYU N#  N______________________________________________

NYU Program(s):__________________________________________________

Date: ___________________________