



Science & Technology Entry Program (STEP)

Building 280 Suite 515
Brooklyn Navy Yard
Brooklyn NY 11205



2017-2018 STEP Student Authorization for Disclosure of Educational Information

The STEP Program is a New York State funded initiative to increase the number of historically underrepresented and economically disadvantaged students pursuing careers leading to professional licensure or professions in mathematics, science, technology and health-related fields.

This portion must be signed and completed in full in order to be eligible for STEP Program acceptance

Student Name:	Grade	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
School Name:		10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

I am the person legally responsible for the above named student and I hereby authorize the disclosure of educational information between the Consortium for Research & Robotics Science and Technology Entry Program and the school mentioned above in accordance with the Family Educational Rights and Privacy Act (FERPA).

Specific information to be released or obtained includes the following confidential information necessary for educational services:

- Student standardized test scores, Grades, and Report Card Information
- New York City Student ID number (OSIS)
- Information on a Student's Individual Education Plan (IEP)
- Attendance Data and Suspension Data
- Teacher/administration notes and correspondence
- Individual course communications, assignments, and interim results
- Other _____

This information is required for the purpose of any necessary and ongoing educational needs inclusive of evaluations and recommendations for further development.

By signing below I am stating that:

- I understand the information disclosed, as permitted by this authorization, will not be re-disclosed by the receiving entity (and/or its affiliates). I do understand that local, state, and federal laws do exist to protect the confidentiality of this information.
- I understand that I have the right to revoke and/or restrict this authorization at any time without penalty, provided that I submit a request in writing to the STEP Office.
- I authorize the periodic, on-going disclosure of the above information.

Parent/ Guardian (Print Name)

Parent/Guardian Signature

Date

2017-2018 Press and Performance Release Form

This portion must be signed in order to be eligible for STEP Program acceptance

I hereby give my permission to Pratt Institute, its agents, successor, assigns and/or newspapers, radio, television or websites, statewide conferences to use my child's photograph (*whether still, motion or television*) and recordings of my child's voice, for publicity regarding the STEP Program.

Student Signature

Date

Parent/Guardian Signature

Date



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2017-2018 Student Information Form

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Section 1: Student Information

Last Name	First Name	M.I.	Grade	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>
			(September 2017) (Select one)	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
Home Address		Street Address				
		City	State	Zip Code		
OSIS Code		Home/Primary Phone # () -		Cell Phone # () -		
Date of Birth	Age	Gender	Non-binary <input type="radio"/>	Male <input type="radio"/>	Female <input type="radio"/>	
Ethnicity (Select all that apply)	<input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Black/ African American			
	<input type="checkbox"/> American Indian/ Native Alaskan		<input type="checkbox"/> White/ Caucasian			
	<input type="checkbox"/> Asian/ Pacific Islander		<input type="checkbox"/> Other			
New York State Resident?	Yes <input type="radio"/>	No <input type="radio"/>	If yes, since when?			
Country of Birth (if other than USA)						

Section 2: School Information

Enrolled in Brooklyn NY School	Yes <input type="radio"/>	No <input type="radio"/>	If yes, District number:
School Name			

Section 3: Income Information

Eligible for Free/ Reduced Price Lunch	Yes <input type="radio"/>	No <input type="radio"/>	If yes, which:	Free <input type="radio"/>	Reduced Price <input type="radio"/>
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Section 4: Contact Information

Parent/Guardian Name	Cell Phone:	E-mail Address:
Parent/Guardian Name	Cell Phone:	E-mail Address:
Student's Name	Cell Phone:	E-mail Address:

Section 5: Emergency Contact Information

Name	Home Phone	Cell Phone	Relationship to Student
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** To the Parents/ Guardians: Your signature on this application guarantees that all the information within this application is accurate and complete to the best of your knowledge in accordance with Federal and State regulations.*

Parent/Guardian Signature _____

Date _____

Student Signature _____

Date _____