

Syracuse University Science and Technology Entry Program (STEP) 2022-2023 Returning Student Application

Only complete this form if your information has changed! Submit to:

Email: step@syr.edu

Fax: (315) 443-5683

Mail to: Science & Technology Entry Program (STEP)

419 Sims Hall, Syracuse, NY 13244

Section 1: Student Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home/Primary Phone Number: _____

Date of Birth: _____ T-shirt Size: _____

Section 2: Contact Information

(ALL email addresses are required!)

Student Cell Phone: _____ Student Email Address: _____

Parent/Guardian 1 Name: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian 2 Name: _____

Cell Phone: _____ Email Address: _____

Section 3: Emergency Contact Information

Name: _____

Cell Phone: _____ Email Address: _____

Parent/Guardian Signature Date

Student Signature Date

Student Authorization for Disclosure of Educational Information

Student Name: _____ Grade (as of Sept 2023): _____

☐ I am the person legally responsible for the above named individual and I authorize the Science and Technology Entry Program at Syracuse University to

☐ Obtain information from: _____
(specific school in Onondaga County)

☐ Release information to: Syracuse University Science and Technology Entry Program
419 Sims Hall, Syracuse NY 13244

I hereby authorize the disclosure of educational information between the Science and Technology Entry Program (STEP) and the School district indicated 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
- 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. This authorization expires one year after date of signing or at disenrollment from services, whichever comes first. Re-authorization will be obtained after one year if information is still needed.

Parent/Guardian Name: _____

Parent/Guardian Signature Date