

Syracuse University
Science and Technology Entry Program (STEP)
 419 Sims Hall | Syracuse, NY 13224
 Phone: 315-443-9171
 Fax: 315- 443-5683

2024-2025 Returning Student Application

Only complete this form if your information has changed

Section 1: Student Information

Last Name	First Name	M.I.	Grade Level as of September 2024	
Home Address	Street Address			
	City	State	Zip Code	
Cell Phone		Home/Primary Phone		T-Shirt Size

Section 2: Contact Information **Parent and Student Email Address is required!

Mother's Name/Guardian*	Cell Phone:	**E-mail Address:
Father's Name/Guardian*	Cell Phone:	**E-mail Address:
Student's Name	Cell Phone:	**E-mail Address:

Section 3: Emergency Contact Information

Name	Home Phone	Cell Phone	Relationship to Student
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Parent/Guardian Signature

Date

Student Signature

Date

SYRACUSE UNIVERSITY
Science & Technology Entry Program (STEP)
419 Sims Hall | Syracuse, NY 13244
Phone: 315-443-9171 | Fax: 315-443-5683

2024-2025 STEP Student Authorization for Disclosure of Educational Information

Student Name:	Grade	
School Name:		

I AM:

The person legally responsible for the above named individual and I authorize the Science and Technology Entry Program to:

<p><input type="checkbox"/> OBTAIN INFORMATION FROM:</p> <p>_____</p> <p><i>(Please indicate your specific school in Onondaga County)</i></p>	<p><input type="checkbox"/> RELEASE INFORMATION TO:</p> <p>Syracuse University Science and Technology Entry Program (STEP) 419 Sims Hall Syracuse, NY 13244</p>
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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**
- **New York State Student Identification System (NYSSIS) ID which is also known as the Student State ID.**
- Attendance Data and Suspension Data
- **Information on a Student's Individual Education Plan (IEP)**
- 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. This authorization expires one year after date of signing or at dis-enrollment from services, whichever comes first. Re-authorization will be obtained after one year if information is still needed.*

Parent/ Guardian (Print Name)

Parent/Guardian Signature

Date