

Schenectady Smart Scholars Early College High School
Parent/Student Consent for Release of Information

I, _____, allow my child, _____,
(parent/guardian) (student)

to apply for admission to the Schenectady Smart Scholars Early College High School. I understand that this is the first step to a process that will include a completed application, two letters of support from members of the Schenectady City School District staff and a scheduled admissions interview.

I hereby consent that Schenectady County Community College, for purposes related to the Schenectady Smart Scholars Early College High School, may have access to the records on my child (to include access to my child's academic records, health records, standardized tests, attendance records, psychology/social work records, teacher reports, and miscellaneous material) with the understanding that these records will not be released by Schenectady County Community College to any other persons without my further consent.

In addition, I understand that my complete support of the program is needed for my child to be successful in the Schenectady Smart Scholars Early College High School. By signing, I am acknowledging my support of my child's application to the program and during the entire educational experience in this program.

Parent/Guardian Signature

Date