

William A. Shine – Great Neck South High School

Guidance Office

FERPA (Family Educational Rights and Privacy Act) & Financial Aid Verification

The questions you will see below relate to your educational records. The first pertains to the transmission of your educational records from your secondary school(s) to the colleges to which you are applying. The second concerns your right of access to confidential letters of recommendation. Under the terms of the Family Educational Rights and Privacy Act (FERPA) you can review recommendations and accompanying forms if you are age 18 or older or upon enrollment at a postsecondary institution provided that institution saves the documents. You may, however, waive this right of access altogether.

Why should you consider waiving your right of access? Waiving your right lets colleges know that you will never try to read your recommendations. That in turn reassures colleges that your recommenders have provided support that is candid and truthful. While you are free to respond as you wish, if you choose not to waive your right, some recommenders may decline your request, and some colleges may disregard recommendations submitted on your behalf.

_____I have fully read and understood the FERPA Release Authorization explanation above.

Required Signature:_____Date:_____

I authorize the Great Neck School District to release all requested records and recommendations to each of the colleges I indicate that I am applying for admission. I also authorize employees at these colleges to confidentially contact employees of the Great Neck School District should they have questions about the information submitted on my behalf:

Please select one:

_____I waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

_____I DO NOT waive my right to review all recommendations and supporting documents submitted by me or on my behalf.

_____I have chosen not to waive my right to review my recommendations and supporting documents. I understand that my decision may lead my counselors or teachers to decline to write recommendations on my behalf. I also understand that my decision may lead colleges to disregard any recommendations submitted on my behalf.

Required Signature:_____Date:_____

_____ I verify that I will complete the Free Application for Federal Student Aid (FAFSA) or, if applicable, the Jose Peralta New York State Development, Relief, and Education for Alien Minors (DREAM) Act application

_____ I understand the nature of the FAFSA or, if applicable, the DREAM Act applications and have chosen not to file such application.

Required Signature:_____Date:_____