



Manhasset Public Schools

School Counseling Department

Withholding of Consent to Release Student Information Form **Pursuant to the Solomon Amendment**

Please **do not** release the name, address and telephone number of the student listed below, for the purpose of military recruitment.

_____ in grade _____
Student's Last Name (print) First Name (print)

Parent/Guardian Name (please print)

_____ Date _____
Parent/Guardian Signature

Please return this form to the Counseling Center by **September 19, 2025**.

Please note: this form must be submitted every year.