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)

For the school year _____

_____
Parent/Guardian Name (please print)

_____ _____
Parent/Guardian Signature Date

Please return this form to the Counseling Center by **September 19, 2026**.

Please note: this form must be submitted every year.

200 Memorial Place, Manhasset, New York 11030
Telephone: (516) 267-7610 – Fax: (516) 267-7621