

LEGISLATIVE DISTRICT CODE

Members of the New York State Legislature have asked us to provide them with the names of students from their individual districts who have attended NYSSSA. Please provide us with the names of your **New York State Senator and Assemblyman**, as well as their respective **Senate and Assembly District Codes** in the spaces provided below. If you do not know your New York State Assembly or Senate District Codes, you may obtain this information by calling your local Board of Elections office or search this information via internet access: **http://assembly.state.ny.us/mem/?sh=search** or **http://www.nysenate.gov/nyss_senator_search**. Please **do not provide us with the names of your Congressional or United States Legislators**.

NYS Senator: _____ NYS Senate District Code: _____

NYS Assemblyman: _____ NYS Assembly District Code: _____

PUBLICITY INFORMATION (Please print clearly)

I, (parent/guardian name) _____, authorize the New York State Summer School of the Arts to use my child's name in association with any news releases, with membership in the program and permit the use of any photographs, interviews, digital images or videos taken during the program for publicity, documentary or other documentation purposes now or in the future, by PBS, NYSED or other media and broadcasting affiliates.

Signature of Student

Signature of Parent

RACE/ETHNICITY INFORMATION (Completion of this section is *OPTIONAL*)

The Education Law of 1978 requires membership in the Summer Institutes to be open to all qualified and eligible students regardless of ethnic origin, religion or financial circumstances. To demonstrate our compliance and the full participation of ethnic groups, we ask that you indicate your ethnic origin by checking one of the following categories:

- | | | |
|---|---|--------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black (not Hispanic) | <input type="checkbox"/> White (not Hispanic) | |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other _____ | |

Please **PRINT** student's full name: _____

Please return form to:

New York State Summer School of the Arts
Office of Cultural Education
Room 10D79 CEC
222 Madison Avenue
Albany, NY 12230