

**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 the Summer Institutes. They often like to send out congratulatory letters or certificates. 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 Legislative District Codes, you may obtain this information by calling your local Board of Elections office or through internet access: <http://nymap.elections.state.ny.us/nysboe/>. (Type in your address, click "Find" button on right; your legislators' names and district numbers will appear in the far column on the right.) **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 or type all information)

I, \_\_\_\_\_, authorize the New York State Summer Institutes to use my name in association with any news releases, with membership in the program and permit the use of any photographs, digital images or videos taken during the program for publicity or documentation purposes now or in the future.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent

**RACE/ETHNICITY INFORMATION**

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:**  
**Summer Institutes**  
**State Education Department**  
**89 Washington Avenue**  
**Room 866 EBA**  
**Albany, NY 12234**