Board of Education

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Lake Placid Central School

50 Cummings Road Lake Placid, New York 12946 518-523-2475

Superintendent's Office Fax: 518-523-4971
Business Office Fax: 518-523-4901
www.lpcsd.org

Administration

Superintendent Timothy Seymour, ext. 3002

Asst. Superintendent for Business Finance and Support Services Dana Wood, ext. 3004

District Clerk Karen Angelopoulos, ext. 3001

Deputy Treasurer Elizabeth Smith, ext. 3005 Tax Collector

Shelley Light, ext. 3003
Administrative Assistant

Administrative Assistant Tracey Ridenour, ext. 3010

ARP 8100 FORM SR-5

August 2023

NOTIFICATION TO PARENT Reservation of Consent for the Release of Certain Student Information

Dear Parents:

Pursuant to federal education law, the Lake Placid Central School District must disclose to military recruiters and institutions of higher learning, upon request, the names, addresses and telephone numbers of our high school students. However, the Lake Placid Middle/High School must also notify parents of their rights and the rights of their children to request, in writing, that the district NOT release such information if it is requested.

Parents, or students who are at least 18 years old, wishing to exercise their option to withhold their consent to the release of the above information to military recruiters and institutions of higher learning, must sign and return the form below to me by <u>September 8, 2023</u>.

In the event that you have any questions, please contact me at 518-523-2475 x 3002. Thank you for your assistance.

| Since | rely, | |
|-----------------------------------------|----------------------------------------------------------------------------------------------------|----------------------------|
| 11 | in | |
| Tim S | eymour, Superintendent | |
| ******* | PARENT NOTIF | ICATION TO SCHOOL DISTRICT |
| TO: | Principal Lake Placid High School 34 School Street Lake Placid, NY 12946 | |
| RE: | Reservation of Consent for the Release of Certain Student Information under federal education law. | |
| Please | <u>DO NOT</u> release the name, address or tele | lephone number of |
| | | Name of Student |
| to mili | tary recruiters or institutions of higher lea | rning. |
| Parent Signature | | Date |
| Student Signature, if 18 years or older | | Date |