

Appendix C: DOE Public Notice Dissemination Materials (Newspaper Ads)

Chelsea Now

Chelsea Now
 www.chelseanow.com
L-POCALYPSE NOT NOW!
 MAJOR REVERS- LAS GOV SHOOTS DOWN SHUTDOWN PLAN
 Page 3

NYC New York City Department of Education
NYC Health
 Notice of Disclosure of Directory Information

Dear Parent/Guardian, Current or Former Student:

The New York City Department of Education (DOE) is helping the New York City Department of Health and Mental Hygiene (Health Department) begin a research study. The research study is about health and educational impacts of the 9/11 World Trade Center disaster on students. The study will include students in school during and after 9/11. DOE will give information about parents, guardians, former students and current students to the Health Department.

The Family Educational Rights and Privacy Act is a federal law that protects the privacy and confidentiality of students. The law allows DOE to share student directory information, which includes the information listed below. You have a chance to say you do not want DOE to share your directory information.

Who will receive the directory information and how will it be used? The Health Department will receive the information. Contractors will be hired to help the Health Department conduct the research study, and the National Student Clearinghouse (NSC) may receive the information. No one else will have access to the information. Contractors will help get updated contact information by searching various records available to them. NSC may help get updated contact information on students after high school. The Health Department will use the information to reach out to individuals to learn if they want to be a part of the research study.

How will your information be protected? DOE and the Health Department will have written agreements to require those who get the information to protect and secure it. Individuals will not be allowed to sell, use, or share the information for any advertising, marketing, commercial purposes, or for any purpose besides for the research study.

What do you need to do?

1. Do nothing: you or your child's directory information will be shared with the Health Department.
2. Fill out this form if you do not want your directory information or your child's directory information to be shared with the Health Department, and return it by February 15, 2019 to: Attn: #11 Opt Out Room 310, New York City Department of Education, 52 Chambers St New York, NY 10007

I DO NOT WANT Directory Information to be shared with the Health Department.
 Student's First Name: _____ Student's Last Name: _____

School (current or last school attended): _____ Student Date of Birth & Student ID Number (if known): _____

Parent/Guardian Printed Name: _____ Signature-students age 18 and over must sign for themselves: _____

Date: _____
 -Return by February 15, 2019 if you do not want to share your or your child's directory information-

Downtown Express

Downtown Express
 www.DowntownExpress.com
'BROOKLYN BRIDGE BEACH' WITHIN REACH
 City moving forward on Two Bridges waterfront plan
 Page 3

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Manhattan Express

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 www.ManhattanExpress.com
SPARKS FLY OVER E-BIKES
 Legalization debate keeps spinning
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Manhattan Times Now

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L-POCALYPSE NOT NOW!
 MAJOR REVERS- LAS GOV SHOOTS DOWN SHUTDOWN PLAN
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Manhattan Times

Manhattan Times
 www.ManhattanTimes.com
Abandon the appeal
Abandonar la apelación

NYC New York City Department of Education
NYC Health
 Notice of Disclosure of Directory Information

Estimado padre o tutor, estudiante actual o ex-alumno:

El Departamento de Educación de la Ciudad de Nueva York, (NYC DOE) está ayudando al Departamento de Salud y Mental Hygiene (Health Department) de la Ciudad de Nueva York a comenzar un estudio de investigación sobre los impactos de salud y educativos de la tragedia del 11 de septiembre. El estudio incluirá a los estudiantes que asistieron a la escuela el 11 de septiembre o que asistieron a la escuela en algún momento durante el período de 2001-2007. El estudio proporcionará información sobre los padres, tutores, ex-estudiantes y estudiantes actuales.

La Ley de Derechos de los Estudiantes y la Ley de Privacidad Familiar (Family Educational Rights and Privacy Act) es una ley federal que protege la privacidad y la confidencialidad de los estudiantes. La ley permite que el DOE comparta información de los estudiantes con el Health Department. Usted tiene la oportunidad de expresar que no quiere que el DOE comparta su información.

¿Quién recibirá la información y cómo se usará? El Health Department recibirá la información. Se contratará a contratistas para ayudar al Health Department a realizar el estudio de investigación. El National Student Clearinghouse (NSC) también puede recibir la información. Nadie más tendrá acceso a la información. Los contratistas ayudarán a obtener información de contacto de los estudiantes que ya no están en la escuela. El Health Department usará la información para contactar a los estudiantes para ver si quieren ser parte del estudio de investigación.

¿Cómo se protegerá su información? El DOE y el Health Department de la Ciudad de Nueva York tienen acuerdos por escrito que requieren que quienes obtienen la información la protejan y la aseguren. Los individuos no se les permitirá vender, usar o compartir la información para fines de publicidad, comercialización o cualquier otro propósito que no sea el estudio de investigación.

¿Qué necesita hacer?

1. No hacer nada: su información o la de su hijo/a continuará en el directorio de contacto con el Health Department.
2. Si no desea que su información o la de su hijo/a continúe en el directorio de contacto con el Health Department, envíe este formulario a: Attn: #11 Opt Out Room 310, New York City Department of Education, 52 Chambers St New York, NY 10007

NO QUISO QUERER que la información de mi hijo/a continúe en el directorio de contacto con el Health Department.
 Nombre del estudiante: _____ Fecha de nacimiento: _____

Escuela (actual o última escuela asistida): _____ Fecha de nacimiento del estudiante (si se conoce): _____

Nombre del padre/tutor: _____ Firma del estudiante (si es mayor de 18 años): _____

Fecha: _____
 -Devolva este formulario el 15 de febrero de 2019 si no desea que su información o la de su hijo/a continúe en el directorio de contacto con el Health Department-

The Villager

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 www.TheVillager.com
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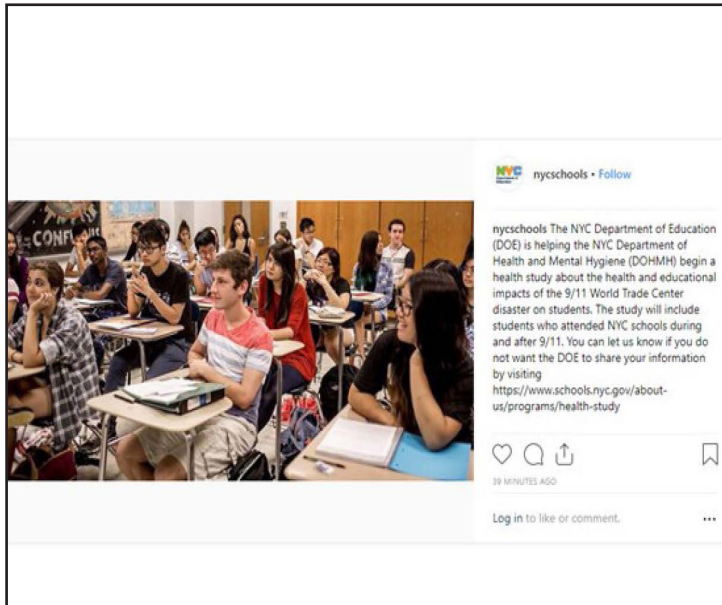
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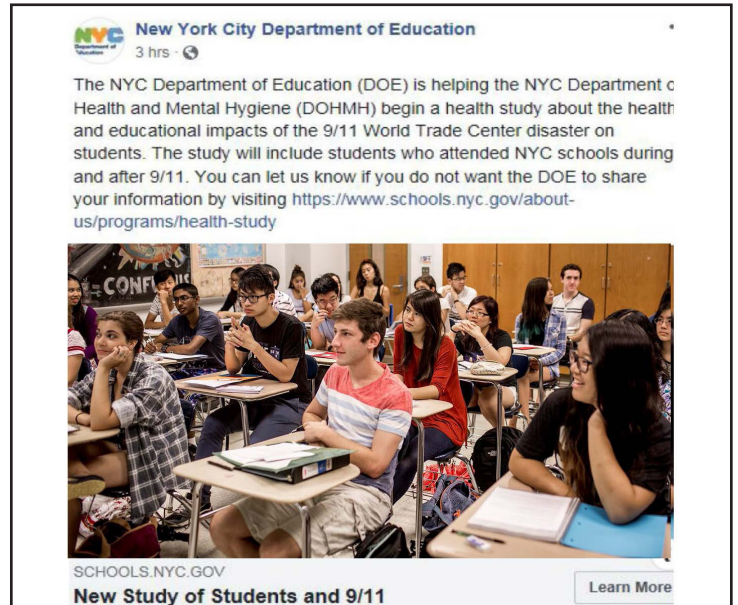
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Appendix C: DOE Public Notice Dissemination Materials Continued (Social Media and Website)

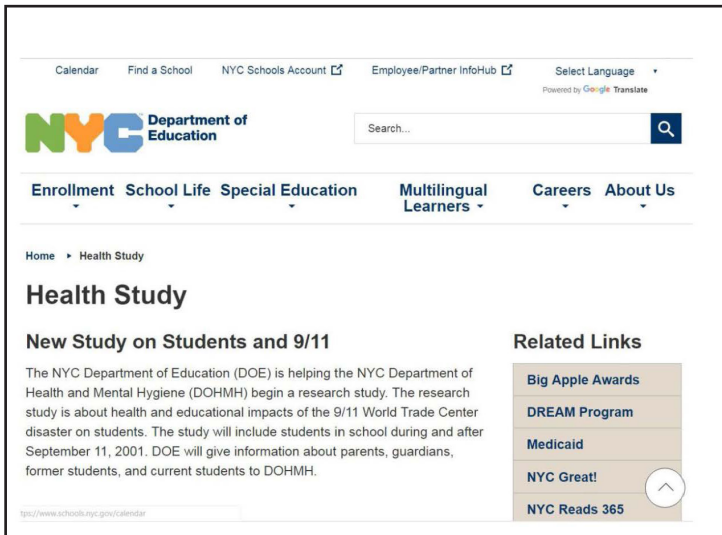
NYC DOE Instagram



NYC DOE Facebook



NYC DOE Programs Page



NYC DOE Home Page

