

PARENT'S CONSENT TO RELEASE OF STUDENT RECORDS

I, _____, am the parent/guardian of
print name

_____, _____,
print name of student date of birth

_____, who attends/attended the New York City
student ID #

Public Schools in _____ year/time period. The last school he/she attended

was/is _____ in
name and address of school

_____. The student is under the age of 18.
borough

(Please provide any additional information that might be helpful in locating the student records
(e.g., address or name, if different when he/she attended)):

I give consent to the New York City Department of Education to release my child's student records
including _____
specify records

to _____
provide name and address of person, agency, or company

Purpose of disclosure: _____

signature of parent/guardian

date