

**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 \_\_\_\_\_, The last school he/she attended  
year/time period

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