

STUDENT'S CONSENT TO RELEASE OF RECORDS

I, _____, _____,
print name date of birth

_____ attended the New York City Public Schools
student ID #

in _____ The last school I attended was
year/time period

_____ in _____
name and address of school borough

I am at least 18 years old.

(Please provide any additional information that might be helpful in locating your records (e.g., former address, name, if different when you attended)):

I give consent to the New York City Department of Education to release my student records, including

_____ specify records

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

Purpose of disclosure: _____

_____ signature of former student

_____ date