



PARENTS CONSENT TO RELEASE OF STUDENT RECORDS

I, (print name), _____, am the parent/guardian of
(print name of student) _____, (DOB), _____,
(student ID #) _____, who attends/attended the New York City
Public Schools in (year/time period) _____. The last school he/she
attended was/is (name/address of school) _____ in
(borough) _____. The student is under the age of 18.

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:

Parent signature _____ Date: _____