



STUDENT'S CONSENT TO RELEASE OF RECORDS

I, (print name) _____, (date of birth) _____,
(student ID #) _____ attended the New York City Public Schools in
(year/time period) _____. The last school I attended was (name/address of
school) _____ in (borough) _____.

I am at least 18 years old.

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 former student _____ Date: _____