



STUDENT CONSENT TO RELEASE EDUCATION RECORDS

I, _____, am a current/former student who is over the age of 18. I give consent to the New York City Department of Education to release my education records to the individual or organization stated below.

Student's Information

Student Name: _____

Student Date of Birth: _____

Student ID/OSIS Number (9-digits) _____

School Information (Current or Last NYCPS School Attended)

School Name: _____

School District/Borough/Number: _____

Years of Attendance: _____

Records to be Released: _____

Purpose of Disclosure: _____

Records to be Released To:

Individual/Organization Name: _____

Individual/Organization Address: _____

Individual/Organization Phone Number: _____

Individual/Organization Email Address: _____

Signature

Student Signature: _____ Date: _____