



Return completed form to: Records Access Officer,
PO Box 8007, Huntington Station, NY 11746-9007 (fax: 631-623-4996)

Request and Consent for Review/Release of Records by Parent or Student

The undersigned parent or eligible student hereby requests, authorizes or consents to the review or release of certain education records regarding:

_____ by _____, the _____
Name of Student Relationship to Student

Student's Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

School or Program Attended _____ Dates of Attendance _____

The specific education records to be reviewed/released are described as follows:

- Academic transcript _____
- Health Records _____
- Attendance Records _____
- Other _____

The education records designated should be released and disclosed only to: _____

The education records designated are to be disclosed for the following reasons and purposes: _____

I recognize that a copy of the records released must, upon request, be provided to me at the established copying fee of .25 cents a page.

_____ Dated _____ Parent/Student Signature* _____

_____ Signature of Western Suffolk BOCES Witness _____ ID No. (i.e. Driver's License) or Proof of ID _____

*Applicants will be required to produce proof they are the person they represent themselves to be or an acknowledgement by a notary public of the State of New York, if request is made by mail, in form attached hereto.

Complete this section if request is made by mail

STATE OF NEW YORK, COUNTY OF _____ ss:

On the _____ day of _____, 20____, before me personally came to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that _____ executed the same.

Notary Public

Compliance With Request

This section for office use only

The undersigned certifies that the above-captioned Request and consent for Release of Records was complied with by:

- Approved for Release
- Approved for Inspection/Release
- Mailed records to _____ On _____
- Personal delivery of records to _____ On _____

Please contact the building principal, _____, at _____ for a mutually convenient appointment. Copies can be made at the established copying fee of .25 cents per page.

Staff Signature Title

To Appeal a Denial

NOTICE: You have a right to appeal a denial of this application to the head of this agency who must fully explain his reasons for such denial in writing within seven days of receipt of an appeal. To appeal, sign below and send to:

District Superintendent, Western Suffolk BOCES, 507 Deer Park Road, PO Box 8007, Huntington Station, NY 11746-9007

I hereby appeal: _____
Signature Date