



New York S S

Identity Verification and Authorization

I, _____, (print name) hereby affirm that I am the eligible student or a person in parental relationship to or a legal guardian of the student [check appropriate box], _____, (print name) to whom the confidential educational record(s), information or data relate. I affirm that I know of no reason for which I am lawfully prevented from receiving or authorizing release of the requested confidential educational record(s), information or data.

My mailing address is: _____

My daytime telephone number, with area code, is: _____

I specifically authorize the Department to release the confidential educational record(s), information or data specified in my written request made pursuant to FOIL, FERPA, PPPL, Education Law §2-d, and/or otherwise under law (check applicable box):

All requested educational record(s), information and/or data (including special education*, if any)

Requested special education records, only (*may include, but not limited to: Individualized Education Program (“IEP”), psychological/physiological assessments, and therapies)

Other, specify: _____

Note: this authorization applies to only records possessed or maintained by the Department

I hereby give the Department permission to provide personally identifiable educational record(s), information or data to (check box):

Myself (the person filling out this form)

Third party (fill in name and contact information): _____

Note: This authorization shall remain in effect until it is revoked in writing.

Do you authorize the Department to transmit protected educational record(s), information or data by electronic means, including but not limited to, encrypted file transfer or physically sent via encrypted flash drive (check box):

No, please send as hard copy. (May be sent USPS, UPS, FedEx, etc.)

Yes, (Please provide an email address where details regarding access may be sent): _____
