



STUDENT NAME: _____
 STUDENT NYCID # _____

CONFIDENTIALITY RELEASE FORM – ENHANCED RATE EQUITABLE SERVICES UNIT

This form must be completed entirely for all requests submitted to the Enhanced Rate Equitable Services Unit by attorneys and non-attorney advocates.

Parents/Guardians submitting their own requests are not required to submit a notarized confidentiality release. Please be advised that any requests submitted by attorneys or non-attorney advocates that do not include a completed, signed, dated and notarized form will be rejected.

I authorize _____ to assist me in representing my child, _____ (date of birth: ___/___/___) in requesting IESP/ Equitable Services. I grant permission to the Enhanced Rate Equitable Services Unit to communicate with the above-named person and to allow that person to receive and to view any materials related to this request. This authorization is valid for one year from the date of signature below.

I _____ (print or type name) request assistance with implementation of IESP services/enhanced rate services for the above-named student. I acknowledge by submitting this request that all records related to this request are subject to audit by New York City Public Schools and/or New York City. I swear (or affirm), under the penalties of perjury, that all of the information above is true and accurate.

 PARENT/ GUARDIAN NAME (PLEASE PRINT)

 PARENT / GUARDIAN SIGNATURE and DATE

 STREET ADDRESS/ APT NUMBER

 CITY, STATE, ZIP CODE

 PHONE NUMBER

 EMAIL

THE STATE OF NEW YORK
 COUNTY OF _____

One the _____ day of _____ in the year _____ before me, the undersigned personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity and that by his/her/their signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

 NOTARY PUBLIC SIGNATURE

Please provide the following information (print legibly):

Representative's Address: _____

Telephone Number: _____ Email Address: _____

SUBMIT THIS FORM WITH YOUR ENHANCED RATE EQUITABLE SERVICES REQUEST

Retain original copy of the confidentiality release form that you submit. NYCPS may request it for review. Affidavits and confidentiality releases remain valid for one year unless you provide written notification to the Enhanced Rate Equitable Services Unit that you wish to withdraw your consent.