



Student Name :

Parent/Guardian Name:

Student Date of Birth

By signing this form, I consent to the release of the NYC Department of Education records described below to IDNYC personnel for IDNYC application purposes.

Parent/Guardian Signature
(Or Student Signature, if the student is age 18 or older)

Date

To IDNYC Program,

I write on behalf of _____ and their application for an IDNYC card. The applicant is [check one of the below]:

- ☐ A student attending the school listed below
- ☐ The parent or guardian of a student attending the school listed below

I confirm that the applicant or student of the applicant has attended school in New York City for at least 15 days.

According to our agency records, the applicant resides at the following address:

Street Address: _____ Apt. #: _____

City: _____ Zip Code: _____

As the signatory of this letter, I confirm that I am a principal or designee of the principal at a DOE elementary, intermediate, high school, District 75 or District 79 school.

Thank you,

Signature

Print Name

Title

Telephone

School

Email Address

__ / __ / ____
Date (mm/dd/yyyy)

*This letter must be submitted at an IDNYC Enrollment Center no more than 60 days after the date signed.