

I acknowledge that I am receiving this requested information as the parent(s) or

legal guardian(s) of _____, and that the requested information is **not subject** to public disclosure under the New York State Freedom of Information Law (FOIL). I understand that I have the right to obtain information related to the Annual Professional Performance Review consisting of the final rating and composite score for my child teacher(s) and/or principal. I will respect the privacy of the District's employees and **not share** this information with others, including other parents and/or guardians. If asked, I will encourage others to utilize the established process for accessing APPR ratings.

Date

Parent(s)/Guardian(s) Signature

For District Use Only

Date Information Provided: _____ Information Provided By: _____

Identification Verified Via: ___ Valid Driver's License ___ Passport ___ Other Picture ID

Appeal Pending: Y/N

Initials of Teacher(s) with Appeal Pending : _____

Note: Scores will be provided starting in **late October** after the verification process is completed. Depending on demand, once a request is received we anticipate being able to provide the scores with 10 school days. However, if demand is high additional time may be needed.