Student Date of Birth	Name of High School Student Attends:
Parent or Legal Guardian:	Daytime Phone:

Mailing Address:

Examination 3:	Examination 7:
Examination 4:	Examination 8:

☐ Unfinished Requirements for Career Development and Occupational Studies

☐ I decline all exemptions that my son/daughter is eligible to receive.

As identified above, I am declining the exemptions to the requirements for graduation available in school year 2019-20 as a result of the COVID -19 outbreak in New York State for my son/daughter, _____.
Insert Student Name Above

I understand that this applies to all the Regents Examinations or their equivalen ts including unfinished requirements to earn the Career Development Commencement Credential or +1 Pathway, that my child was intending to take in June or August 2020 in a course for which my child has earned high school credit . By signing this form, I als o understand that my child will remain eligible to receive a free public education until the end of the school year in which the child attains age 21, or until the child receives a high school diploma, whichever occurs first. In order to receive a diploma in the future, my child will no longer be eligible for such exemptions and must pass all applicable graduation assessment requirements .

Parent/Guardian Signature: _____Date:_____

Information on the NYS diploma requirements as a result of COVID-19 can be found on the NYS COVID Webpage