

**ORCHARD PARK CENTRAL SCHOOL DISTRICT
Parent or Legal Guardian Request for Final Quality Rating and Composite Effectiveness Score**

I _____ do hereby certify that I am the parent/legal guarding of
(print name)
_____ a student who attends _____
(print name of student) (print name of building)

in the Orchard Park Central School District.

As parent/legal guardian of the above mentioned student, I am hereby requesting the final quality rating and composite effectiveness score for (please print name of teacher(s) and/or principal):

By signing below I swear or affirm, under penalty of perjury, that I am the parent/legal guardian of the above-mentioned student and am entitled under the New York State Education Law, section 3012-c to make this request for information. I also understand that information is intended for parent/guardians only and sharing this information is prohibited by law.

(Date) (Telephone Number) Signature of Parent/Legal Guardian)

(Parent/Legal Guardian Legal Address)

Upon receipt of this request for information, the district will make reasonable efforts to verify that it is a bona fide request by a parent/legal guardian entitled to review the data. Faxed or emailed submissions will not be accepted.

Please bring this completed form to District Office, 2240 Southwestern Blvd, West Seneca, NY 14224, to the attention of the Central Registrar. Please have valid photo identification with you and present the form and your photo identification to the student registrar. When the information is available, the human resource office will contact you at the above listed phone number to arrange receipt of the Final Quality Rating and Composite Effectiveness Score information.

FOR DISTRICT USE ONLY

Information requested on _____ by _____

Response provided on _____ by _____

District employee hereby certifies that by initialing they verified by ID proof of individual requesting the information _____