

New York State Education Department
Office of Adult Career and Continuing Education Services (ACCES-VR)

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Date

Name: Bernadette Rella

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(Print Full Name)

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Bernadette Rella
Signed

Robert Williams JES-1
Signature (VR Staff)

(To be signed by Parent or by Guardian, if appropriate)

I HEREBY individually and as (Father), (Mother), (Guardian) of the above consent to the foregoing.

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Relationship

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