## **Student Records Request**

BPSS - 153 (8/21)

New York State Education Department Bureau of Proprietary School Supervision (BPSS) 89 Washington Avenue - 560EBA Albany, New York 12234

Or email to: BPSSStudentRecordsRequest@nysed.gov; Web: www.acces.nysed.gov/BPSS

Section 126.9 of the Regulations of the Commissioner of Education requires that student permanent records shall be maintained in a single file for each <u>student for a period of not less than 20 years</u> after the student completes the program. A New York State school which ceases operation is required to provide for the transfer of these records to another school or to BPSS/New York State Education Department. If the school you attended is still in operation & open, <u>we do NOT have your records</u>, therefore, please contact that school, even if it has changed location (s), to get your records.

Please provide us with all the information requested below in order to make our search of the records as successful as possible. Although we make every effort to retrieve students records of closed schools, some records were never sent, some are incomplete, and some are not yet accessible. Please note: BPSS allows up to thirty (30) BUSINESS DAYS processing time. We will notify you of the outcome of our search with a letter and/or email.

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Please Type or Print All Information Clearly:			
Current Student Name:			
Student Name AT TIME OF ATTENDANCE:			
Social Security Number (or at least the last 4 digits):			Date of Birth:
Current Home Address:			Phone Number:
Street:			( )
Apt. #:			EMAIL ADDRESS:
City, State, Zip Code			
School Name:			
School Address:			
Street:			
City, State, Zip Code			
Title of Program (Course of Study):			Number of Hours:
Approximate Dates Attended: Graduated		Graduated? (p	lease check one)
From: To	<b>:</b>	□ Yes	$\square$ No
I authorize BPSS/ the New York State Education Department to forward my school records, <u>IF AVAILABLE</u> ,			
to the following additional address and/or email address:			
Original Student Signature*:			Date:
Original Student Signature.			Date.
*Please attach photocopies of all transcripts, diplomas and/or certificates of completion, or grade reports that you			
currently have in your possession.			
** If an individual other than the former student is filling out this form, an original letter of authorization, or a			

consent form signed by the former student, is REQUIRED due to the confidential nature of these records.