

Regents Examination Exemption Declination

Students Name:	Return to: (School to insert mailing address, email address and contact)
Student Date of Birth	Name of High School Student Attends:
Parent or Legal Guardian:	Daytime Phone:
Mailing Address:	Email Address:

List examinations required for graduation for which the parent/legal guardian declines the exemption:

Examination 1:

Examination 5:

Examination 2:

Examination 6:

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 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 the Regents Examinations or their equivalents including unfinished requirements to earn the Career Development Commencement Credential or +1 Pathway in fulfillment of a graduation requirement, for which my child was given an exemption. By signing this form, I also 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: _____