



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

SAMPLE FORM

EXEMPTION FROM DIPLOMA ASSESSMENT REQUIREMENTS FOR A MAJOR LIFE EVENT

The original completed form, signed by the superintendent¹, must be retained in the student's permanent record. One copy of the completed form must be provided to the student's parent or person in parental relation, or if the student is over age 18 or an emancipated minor, to the student. Forms and documentation should NOT be sent to the New York State Education Department.

Student Information

Student Name:	NYSSIS (NYS Student Identification System) #:
School District/Charter School/Registered Nonpublic High School:	BEDS Code:
Individual Seeking Exemption for the Student:	Contact Number/Email for Individual Seeking Exemption for the Student:
Date Form Completed:	Anticipated Diploma Conferral Date:

Impacted Diploma Assessment Requirement(s)

List the diploma assessment requirement(s) impacted by the major life event below.

Diploma Assessment(s)	Intended Administration Date

Eligibility Conditions

I hereby certify that the student was enrolled in a course of study or makeup program leading to a required diploma assessment (i.e., Regents Examination, NYSED-Approved Regents Examination Alternative, or NYSED-Approved Pathway Assessment) and:

A. <input type="checkbox"/>	The student met or exceeded the expected learning outcomes for the course of study.
B. <input type="checkbox"/>	A major life event has significantly impacted or prevented the student from participating in a required diploma assessment. <i>Attach any relevant documentation and evidence used to support the superintendent's¹ decision.</i>

¹ Superintendent of schools (or, as applicable, the principal, head of school, or their equivalent of the charter school or registered non-public school)

Student Name:

NYSSIS #:

Consent

Prior to the superintendent's decision to grant an exemption, consent must be obtained from the student's parent or person in parental relation, or from the student if the student is over the age of majority (age 18) and is not a student with a disability receiving services under the Individuals with Disabilities Education Act (IDEA), or from the student if the student is under the age of majority but is emancipated and acting on their own behalf.

- ☐ I hereby consent to this request for my child/myself to be considered for an exemption from a diploma assessment requirement due to a major life event. I recognize that an exemption cannot be granted until credit has been granted for the associated course, and that the Superintendent makes the final decision to grant or deny the exemption.

OR

- ☐ I hereby refuse this request. I do not wish for my child/myself to be considered for an exemption from a diploma assessment requirement due to a major life event.

Printed Name of Parent/Student

Parent/Student Signature

Date

Superintendent's Decision Regarding the Exemption from Diploma Assessment Requirements

Check one.

- ☐ I hereby attest that it is my determination as the superintendent of schools (or, as applicable, the principal, head of school, or their equivalent of the charter school or registered non-public school) that this student **WILL NOT** be awarded an exemption from the diploma assessment requirement(s) requested on this form.
- ☐ I hereby attest that it is my determination as the superintendent of schools (or, as applicable, the principal, head of school, or their equivalent of the charter school or registered non-public school) that this student **WILL** be awarded an exemption from the diploma assessment requirement(s) requested on this form.

Printed Name of Superintendent¹

Signature of Superintendent¹

Date