



Request for Paper Copies of NYS Education Department Assessment Parent Reports

Cold Spring Harbor Schools

**Complete and mail to Mr. John Contess, 75 Goose Hill Road, Cold Spring Harbor 11724
This request must be completed annually**

Family Information

Last Name, First Name _____

Address _____

City _____

Zip _____

Phone _____

Student Information *(LAST YEAR'S grade level, must be 3 through 8 only as those are the grade levels that sat for NYS Testing Program exams)*

First Name _____ Grade _____ School _____

***I hereby request paper copies of the New York State
Assessment Parent reports for the prior school year be
mailed home.***

Signature

Date