



*Residency Letter for Parent or Student*  
*Private or Parochial School*  
*Head Start or Early Learn Program*

**If student is under 18 years old, this section must be signed and completed by student's parent.**

**If student is 18 or over, then this section must be completed by the student:**

By signing this form, I consent to the release of my/my child's school records to IDNYC personnel for IDNYC application purposes only. I further agree to an investigation conducted by the City of New York to verify or confirm the information I have submitted.

\_\_\_\_\_  
Parent/Guardian's Name (PRINT)

\_\_\_\_\_  
Signature of Parent (or Student if 18 or over)

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date signed \_\_\_\_/\_\_\_\_/\_\_\_\_

To IDNYC Program,

I confirm that I am the principal (or the principal's designee) of the following private or parochial school, or Head Start or Early Learn Program:

School/Program Name & Address:

\_\_\_\_\_

I write on behalf of \_\_\_\_\_ (applicant's name), who is **[check one]**  
\_\_\_\_ a **student** attending the school/program named below, or  
\_\_\_\_ the **parent or guardian of a student** attending the school/program named below.

The school's records indicate that the student's date of birth is \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy), and that s/he has lived at the following address for at least fifteen (15) days:

Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Thank you,

\_\_\_\_\_  
Signature of Principal, Program Head or designee

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
**Name, Telephone and Email of employee who can confirm the information in this letter**

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date signed (mm/dd/yyyy)

\*This letter must be submitted at an IDNYC Enrollment Center **no more than 60 days** after the date signed.