

# Regents Examination Exemption Declination

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

**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: \_\_\_\_\_