



# ***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 \_\_\_\_\_

First Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

First Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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**