

THE INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL



Level 0/HR Access De-Authorization Form

Complete and fax to Student Data Services at (631) 218-4117

(PLEASE PRINT) named above be removed from having acco	ess in Level 0 for this district.
(PLEASE PRINT)	
(PLEASE PRINT)	
I,	request that the person/s
**************************************	PORTANT*****************
 If you have any questions, please cont 	tact Bill Ritchie at (631) 218-4171
Email Address:	Circle one: all Level 0 HR only
Last Name:	First Name:
Email Address:	Circle one: all Level 0 HR only
Last Name:	First Name:
Email Address:	Circle one: all Level 0 HR only
Last Name:	First Name:
School District / Agency:	

Charles King, Program Administrator

Vanessa Biagioli-Dittrich, Administrative Coordinator

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