

**THE INFORMATION ON THIS
FORM IS STRICTLY
CONFIDENTIAL**

ASAP Regents Report Access

De-Authorization Form

When completed, please fax this form to dwtshelp@esboces.org

Complete this section to identify the person(s) to be **removed from having ASAP Regents Report Access!**

School District / Agency: _____

Last Name: _____ First Name: _____

Email Address: _____

Last Name: _____ First Name: _____

Email Address: _____

Last Name: _____ First Name: _____

Email Address: _____

If you have any questions, please contact Student Data Services at (631) 218-4195

*******IMPORTANT*******

I, _____ request that the person(s)

(PLEASE PRINT)

named above be removed from having access to ASAP Regents Reports for this district.

District Level Administrator or _____ Date: _____

District Data Coordinator (Signature)