



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



**ASAP Regents Report Access**  
**De-Authorization Form**

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

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 Bill Ritchie at (631) 218-4171

\*\*\*\*\***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)**