



THE INFORMATION ON THIS FORM IS STRICTLY CONFIDENTIAL



ASAP Regents Report Access
De-Authorization Form

Complete and fax to Student Data Services at (631) 240-8967

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)