Insert Fax This Way Do not send cover sheets
Do not write on back Do not send multiple sheets at one time

2465651

New York City Department of Education
WRITTEN STATEMENT FORM

FAX completed forms to (718) 935-5860

ATS: CENTRAL\MM

NAME		GENDER
STATUS	DATE OF BIRTH	

STATEMENT

PREPARATION STATEMENT

Statement by:	Signature:
Date:	Telephone Number:

Form Revision Date 7/26/2001