

Lindenhurst Union Free School District
Request for Exemption from Diploma Assessment
Due to a Major Life Event



Student Information

First Name _____

Last Name _____

Date of Birth _____

Grade _____

Student ID _____

Requestor Information

First Name _____

Last Name _____

Relationship to Student _____

Phone Number _____

Email _____

Assessment Information

Course Name _____

Assessment Name _____

Scheduled Assessment Date _____

Description of Major Life Event and its Impact on Assessment Participation: _____

Evidence of Meeting Course Learning Outcomes

(Attach supporting documentation, such as final course grades, student work samples, performance assessments, or portfolio submissions.)



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Consent for Exemption

Parent/Guardian Name

(if the student is under 18)

Signature

Date

Student Name

(If 18 or older, or emancipated minor)

Signature

Date

Evidence Reviewed and Approvals

<i>School Counselor</i>	Signature:	Date:
<i>Coordinator of Guidance</i> Dr. A. Judge	Signature:	Date:
<i>Principal</i> Dr. M. Boccanfuso	Signature:	Date:
<i>Assistant Superintendent for Curriculum & Instruction</i> Dr. K. Nuñez-Boccanfuso	Signature:	Date:
<i>Superintendent of Schools</i> Mr. V. Caravana	Signature:	Date:
<i>Content Area Coordinator</i>	Signature:	Date:

Student Record Updated: Yes ___ No ___

Notification sent to student/parent: Yes ___ No ___ Date:

Note: This form must be retained in the student's permanent record per NYSED regulations and may be subject to audit by the Commissioner of Education.