

**SOMERS CENTRAL SCHOOL DISTRICT**  
**REQUEST FOR RELEASE OF ANNUAL PROFESSIONAL PERFORMANCE REVIEW**  
**FINAL QUALITY RATINGS AND COMPOSITE EFFECTIVENESS SCORES**  
**For Student's Current TEACHER**  
**PURSUANT TO EDUCATION LAW SECTION 3012-c\***  
(Please submit a separate form for each student)

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number (provide a number where we can reach you during school hours)

\_\_\_\_\_

Name and ID Number of Student: \_\_\_\_\_

Current Grade Level of Student: \_\_\_\_\_

*Please enter the name(s) of teacher(s) and the grade level/subject area of instruction each teacher currently provides to the above named student for whom you would like to receive the APPR composite effectiveness score and final quality rating:*

Name: \_\_\_\_\_ Subject Area/Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Subject Area/Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Subject Area/Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Subject Area/Grade Level: \_\_\_\_\_

Name: \_\_\_\_\_ Subject Area/Grade Level: \_\_\_\_\_

**The teacher(s) will receive notification of who requested the APPR information and specifically what information was provided to the requestor.**

Please mail this form to:

**Office of Human Resources and Student Services**

Route 202 (Somers Middle School)

Somers, New York 10589

**\*Note: The APPR information requested by you is protected by the provisions of Section 3012-c of the Education Law. If made available to you as an eligible recipient, it may not be disclosed to others who are ineligible to receive such information. Any such improper disclosure is a violation of the law. We are confident that you will respect the privacy rights of our staff.**