



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK /
ALBANY, NY 12234**

**Office of Information and Reporting Services
Room 863 EBA
Albany, NY 12234**

To: Non-Public School Administrator

Please complete the information below and fax this form to Cheryl Mitchell's attention at (518) 474-4351. Thank you.

The individual named below is authorized to certify Mandated Services Aid AND Comprehensive Attendance Policy (CAP) forms in accordance with the school's policies for this purpose. This person will receive all communications about Mandated Services Aid and CAP and will be the contact person regarding any claim issues.

BEDS Code

School Name: _____

Last Name: _____ **First Name:** _____ **MI:** _____

E-Mail Address: _____

Telephone Number: _____ **Fax Number:** _____

Chief Executive Officer Signature: _____