Status Report on Consultants under Contract to Access the STAC Online System

Name of Educational Entity: _____
(School District, County/Municipality, or Educational Provider)

BEDS Code: __ __ __ __ __ __ __ __ __ __ __ __

PERSON SIGNING THIS FORM (TYPE OR PRINT CLEARLY)	
Name	**Telephone** (Area Code) (Number)
Title	**Email**

Does your educational entity have contracts with any BOCES consultants (include those hired via a COSER) and/or private consultants which grant them rights to view, enter, amend and/or verify student placement, enrollment and/or cost information using the STAC Online System?

NO

_____ _____
Signature – Superintendent of Schools Required for School Districts Date

<u>If NO</u> – You are done. <u>Return signed form by June 1st</u> to address listed below.

YES

_____ _____
Signature – Superintendent of Schools Required for School Districts Date

<u>If YES</u> – You must sign here, plus complete and sign the reverse side to get a unique user code and password assigned for each consultant. <u>After both sides are signed and completed, return this form by June 1st</u> to the address listed below.

<u>Return Signed and Completed Form by June 1st to:</u>

STAC, Special Aids, and Medicaid Unit, 89 Washington Avenue, Rm. 514 EB, Albany, NY 12234 – (518) 402-5047 (FAX)

<u>Questions</u>: Call (518) 474-7116 and ask for Diana Kaplan or Adam Lenhardt.