



Information Technology High School 21-16 44th Road Long Island City, NY 11101 Jean D. Woods-Powell, Principal Phone: 718-937-4270 Fax: 718-937-5236

Asst. Principal Natalie Bousigard-Hyde Asst. Principal Adela Brudasca Asst. Principal Kenneth Ojeda Asst. Principal Elicia Rodriguez Asst. Principal Cherry Sambrano

REQUEST FOR FACE-TO-FACE LETTER

<u>Directions</u>: Please complete and allow up to 3 days for your request to be completed. You will be called once it is complete and then the parent or guardian that is named on this request must pick up the letter in person with their Photo ID.

Date of Request:				
Parent/Guardian Name:				
Address:				_
City:	_ State:		Zip code:	
Telephone #	-			
Child's Name:		_ ID#:		
Reason for Face to Face Letter: (P	<u>'lease circle one)</u>			
Housing	🗖 Human Reso	urces (Foc	od Stamps)	
Insurance	Immigration			
Medicaid	IRS			
IRS (please indicate for which year	r)			
If for any other reason, please ind	icate below:			
Signature of Parent/Guardian:				

*Once you have <u>received a call informing you that your letter is ready</u>, you can pick it up at the main office or in room 303 from 9:00 am to 12:00 pm. *If you are unable to come at the allotted time, please call to make an appointment so that we can ensure you get everything you need in a timely manner.*

Thank you.