

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**REQUEST FOR WAIVER FROM THE MANDATORY EDUCATION POLICY**

INMATE NAME: \_\_\_\_\_ DIN: \_\_\_\_\_ FACILITY: \_\_\_\_\_ CELL  
LOC: \_\_\_\_\_

CLASS: \_\_\_\_\_ DATE \_\_\_\_\_ (Waiver valid for 1 year)

**I. REASON FOR REQUEST**

- 1. \_\_\_\_\_ Disciplinary
- 2. \_\_\_\_\_ Failure to Progress
- 3. \_\_\_\_\_ Medical, Psychological, Emotional Reason
- 4. \_\_\_\_\_ Other (explain below)

**II. LAST THREE SETS OF ACHIEVEMENT TEST SCORES**

(List for Reason #2; include for other reasons if available)

DATE	FORM	LEVEL	READING TOTAL	MATH TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**III. SPECIFIC REASON FOR WAIVER** (To be completed by inmate’s teacher if inmate is currently enrolled, or by the inmate’s Offender Rehabilitation Coordinator if not currently enrolled. For inmates with a disability, a statement must be included describing how reasonable accommodations were provided. Use additional attached sheets if needed.)

**IV. APPROVAL**

Teacher/Offender Rehabilitation Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Education Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Supt. for Programs: \_\_\_\_\_ Date: \_\_\_\_\_

**V. QUARTERLY REVIEWS**

DATE	OFFENDER REHABILITATION COORDINATOR	ACTION RECOMMENDED
_____ School	_____	_____ Continue Waiver _____ Assign to
_____ School	_____	_____ Continue Waiver _____ Assign to
_____ School	_____	_____ Continue Waiver _____ Assign to
_____ School	_____	_____ Continue Waiver _____ Assign to