



Division of Human Capital, HR Connect  
Medical, Leaves & Records Administration



**TEACHER RECORDS / MEDICAL CHART REQUEST FORM**

Instructions: Please print all information clearly on the form. Submit the completed form via the instructions at the bottom.

**SECTION I: Application Information**

LAST NAME FIRST NAME M.I.

STREET ADDRESS APT NUMBER

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER FILE NUMBER/EIS ID EMPLOYEE ID

TELEPHONE NUMBER Note: Best number to reach you. EMAIL ADDRESS Note: Provide an email address that you check regularly.

**OTHER NAMES USED AT DOE:**

LAST NAME FIRST NAME M.I.

LAST NAME FIRST NAME M.I.

**SECTION II: Chart Request Information**

Type of Request (Select One)

Medical File Teacher Records File

Check the appropriate box:

I am requesting a copy of my file be sent to the above address.

I am requesting that specific documents from my file. The documents I require are:

Signature of Applicant

Today's Date

Submit via email to: [HRConnectMedRequests@schools.nyc.gov](mailto:HRConnectMedRequests@schools.nyc.gov) or via fax to: (718) 935-3048