

Child Information Change Form

This form is used by representatives of School Districts and Municipalities to request changes in how a child’s name or other identifying information is recorded on the STAC Online (EFRT) System. The STAC Unit will apply the change on EFRT.

District forms must be signed by the district superintendent, director of pupil personnel services, or registrar. County forms must be signed by the municipality representative.

Scan and upload completed forms to SED File Transfer Manager (FTM) “inbasket”.

Email OMSSTAC@nysed.gov with the SED FTM location and filename.

Do NOT attach completed forms to emails.

CHILD INFORMATION AS CURRENTLY DISPLAYED ON THE STAC ONLINE (EFRT) SYSTEM													
Child’s <u>Last</u> Name as listed on EFRT	MI	Child’s <u>First</u> Name as listed on EFRT	Gender Identity as listed on EFRT										
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> </tr> </table>											Date of Birth as listed on EFRT	Race-Ethnicity as listed on EFRT	Male Female Non-Binary

Change Child’s First Name to:

Change Child’s Middle Initial to:

Change Child’s Last Name to:

Change Child’s Date of Birth to:

	/		/	
--	---	--	---	--

Change Child’s Gender Identity to:

Male Female Non-Binary

Change Child’s Race-Ethnicity to:

(NYC Only) Change Child’s SIS ID to:

Reason for Change:

Information on EFRT was entered incorrectly

Student was adopted on: ___ / ___ / _____

Student identifies as a different gender

Other: _____ Effective: ___ / ___ / _____

STAC Use Only
Processed By:
Date Processed:

I certify that the information on this form is complete and accurate, and that the information has been verified against the appropriate legal documentation.	
_____ Superintendent/Municipality Representative/Director of PPS/Registrar Signature	___ / ___ / _____ Date
Print Name	Title
Email Address	Phone (Area Code) (Number)