Date

Department of Health

P.O. Box 360

Trenton, NJ 08625-0360

To Whom it may Concern:

I am writing to request an official birth certificate for one of our students, **First Name Last Name,** born on **Date of Birth**. Student First name is currently identified as an Unaccompanied Youth as outlined in Sections 722(g)(3)(B)(iii) and 722(g)(3)(E) of the McKinney-Vento Act (as amended) by the Every Student Succeeds Act (Title IX, Part A, of P.L. 114-95), and is completing his education through School District Name (EIN # XX-XXXXXXX). This letter serves as an official request to obtain his birth certificate and fee waiver under **New Jersey statute 26, section 26:8-63.**

Please send an official copy to the address below:

Mount Union Jr./Sr. High School

Attn: Dr. Dianne Thomas, Ed.D

Address:

Office of the Director of Special Education and Pupil Services

706 N Shaver Street

Mount Union, PA 17066

Please do not hesitate to reach out to me at (814) 542-2518 x 233 or jward@tiu11.org if you have questions or need additional assistance to process this request.

Sincerely,

Janelle Ward, MSW, LSW

Certified School Social Worker

School District Name: Mount Union Area School District/TIU 11

(814) 542-2518

cc: Name, Title

 Dr. Dianne Thomas, Ed.D., ***Homeless Liaison-School District Name***

 Ms. Sonia Pitzi, Regional Coordinator

 ***Pennsylvania's Education for Children and Youth Experiencing Homeless***