

DANIEL P. MCCOY
COUNTY EXECUTIVE



GAIL GEOHAGEN-PRATT
COMMISSIONER

MOIRA E. MANNING
DEPUTY COMMISSIONER

COUNTY OF ALBANY
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES
112 STATE STREET - SUITE 300
ALBANY, NEW YORK 12207
(518) 447-4820 - FAX (518) 447-4855
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DECLINATION OF REIMBURSEMENT FOR PARENT TRANSPORTATION

I, _____
as parent/guardian of _____
do not seek reimbursement from Albany County for transporting my child to and/or from
_____ for the time period of
Name of program _____
_____ School Year _____

Parent/Guardian Signature

Date