

**FORM FOR AFFIDAVIT OF ACCEPTANCE OF PERSONAL SERVICE BY
LOCAL EDUCATIONAL LIAISON FOR HOMELESS CHILDREN AND YOUTH**

STATE OF NEW YORK

COUNTY OF _____ss.:

_____, being duly sworn,
deposes and says t hat he/she is the local educational agency liaison
for homeless children and youth for the

_____ School District; that on
the ____day of _____, 20____ he/she accepted
service of the annexed _____ on behalf of
_____.

(Signature)

Subscribed and sworn to before

me this _____ day of _____, 20 ____.

(Signature and title of officer)

URL: <http://www.counsel.nysed.gov/appeals/acceptance.htm>