Request / Authorization to Release Records

Date _____

Dear Principal:

This is to request / authorize your release of the school records of:

_____

Name of Student Grade Level

_____

Name of Student Grade Level

who has enrolled in our school.

SCHOOL TRANSFER

Records to be released are: ____ Cumulative School Records

____ Health Records

____ Psychological Records
(If applicable)

_____ Child Study Team Records (IEP)

Records are to be sent to the attention of:

Mrs. Yolanda Garris, Principal
Abundant Life Christian School
43 South Jefferson Road
Whippany, NJ 07981
973-888-2083

_____
Signature of School Representative

_____
Parent or Guardian Signature