

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.

Records to be released are:

School Transfer

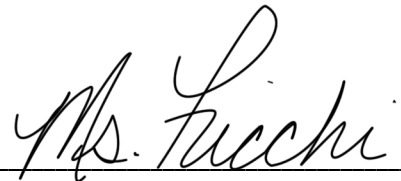
_____ Cumulative School Records

_____ Health Records

_____ Psychological Records
(If Applicable)

Records are to be sent to the attention of:

Maria Ficchi
Abundant Life Christian School
43 South Jefferson Road
Whippany, NJ 07981
973-463-9455 X32



Signature of School Representative

Parent or Guardian Signature