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:

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

_____
Signature of School Representative

_____
Parent or Guardian Signature