



STUDENT RELEASE OF RECORDS FORM - OUT Sent: _____

To: _____ Date: _____
(Name of Current School or Agency)

(Street) (City) (State) (Zip)

I authorize the release of the following information to: _____

(Name of School Transferring to) _____

Any and all confidential information concerning my child as indicated below:

- _____ Official Administrative Records
(Name, Address, Birthdate, Grades through Leave Date, Class Rank, Attendance Record)
- _____ All Standardized Test Scores
- _____ Most Recent Student Schedule
- _____ Official Transcript/Marking Period Grades
- _____ NJ Smart SID #
- _____ Discipline/HIB Reports (with a finding of guilty)
- _____ Extracurricular Activities
- _____ Health Records (including Immunizations)
- _____ All Child Study Team/Special Services Records
- _____ All Speech/Language Services Records

FINES and TRANSFER OF RECORDS

Any fines that have incurred from loss or damage of textbooks, library items, locks, café balances, or If your child was issued an iPad, the device, cord, charging block, and case must be returned in working condition or any fines assessed due to loss must be satisfied prior to the transfer of records. Any such fines are listed in your child's portal. Fines are paid to your school of attendance. Café fines are paid to the (school) Café.

STUDENT NAME: _____
(Last) (First) (Middle)

NEW ADDRESS: _____

PREVIOUS or EXISTING ADDRESS: _____

BIRTHDATE: _____ NJ Smart ID #: _____ (office will complete)

(Parent's &/or Legal Guardian Signature)

(Student's Signature if 18 or over)