

Ramsey Public Schools  
25 North Franklin Turnpike  
Ramsey, New Jersey 07446  
201-785-2300



**RAMSEY**  
SCHOOL DISTRICT

*Achieving Excellence  
One Student at a Time*

**STUDENT RELEASE OF RECORDS FORM**

Sent: \_\_\_\_\_

To: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name of Previous School or Agency)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

I authorize the release of the following information to: \_\_\_\_\_

(Ramsey School Name & Address)

\_\_\_\_\_  
Ramsey, New Jersey 07446

*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

**\*PLEASE PROCESS IMMEDIATELY.**

**IF HEALTH RECORDS ARE NOT RECEIVED WITHIN 10 SCHOOL DAYS, THE STUDENT WILL BE EXCLUDED FROM SCHOOL.**

STUDENT NAME: \_\_\_\_\_  
(Last) (First) (Middle)

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ NJ Smart ID #: \_\_\_\_\_

\_\_\_\_\_  
(Parent's &/or Legal Guardian Signature)

\_\_\_\_\_  
(Student's Signature if 18 or over)