

WANAQUE PUBLIC SCHOOLS

RELEASE FOR STUDENT RECORDS

School transferring out of: _____

Student Name: _____

Grade: _____

I hereby give permission to the _____ Elementary School to contact you and authorize the release of any information, in the interest of my child, in accordance with the Family Education rights and Privacy Act of 1974, and the New Jersey State Law.

Records may include, but are not limited to:

Medical and/or Health Records
Standardized Test Scores
Scholastic Achievement Reports
Social and/or Educational Background

Reading Records
Anecdotal Information
Special Services Records

Signature of Parent / Guardian

Date