

WALDWICK PUBLIC SCHOOLS

Permission to Release Records Form/G10-B

To Whom it May Concern:

_____ has registered in Grade _____ in our school. Please send us the information and records requested below:

Name of the School the Student is Transferring From:	
Number and Street:	
City:	
State:	
Zip Code:	
Contact Person:	
Telephone Number:	
Last Day of Attendance:	
Length of time that the student attended this school:	
NJ State Identification Number (SID):	

I hereby authorize the above named school to release the following information regarding my child:

- Transcript of Grades and the District's Grading System
- Standardized Test Scores
- Attendance Records
- Disciplinary Records
- Special Education Documents and Records (if applicable)
- Health and Immunization Records
- Medical Records - Including psychiatric, neurological, and/or other diagnostic information. (New Jersey transfers only - Include an original copy of the State of New Jersey Health History and Appraisal: Form A-45)
- Custody Agree and/or other Legal Documentation (if applicable)
- NJ State Identification Number (SID)

All records and information are to be released to (Circle one):

Principal Crescent School 165 Crescent Avenue Waldwick, New Jersey 07463 Phone: 201-445-0690 FAX: 201-445-6955	Principal Traphagen School 153 Summit Avenue Waldwick, New Jersey 07463 Phone: 201-445-0730 FAX: 201-445-7196	Guidance Department Waldwick Middle/High School 155 Wyckoff Avenue Waldwick, New Jersey 07463 Phone: 201-652-9000 FAX: 201-652-5053
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Date of Request:	
Parent/Guardian Signature:	