



STUDENT RELEASE OF RECORDS FORM

To: _____ Today's Date: _____
(Name of Previous School or Agency)

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

Phone No: _____ Fax No: _____

I authorize the release of the following information to:

Central Registration

599 Roosevelt Avenue
Carteret, NJ 07008
(732) 541-8960 Ext. 1
Fax: (732) 541-0423

Carteret Middle School

300 Carteret Avenue
Carteret, NJ 07008
(732) 541-8960 Ext. 3
Fax: (732) 541-0483

Carteret High School

199 Washington Avenue
Carteret, NJ 07008
(732) 541-8960 Ext. 2
Fax: (732) 969-4004

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

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