



SADDLE RIVER DAY SCHOOL

RELEASE OF STUDENT RECORDS

Applicant's Name _____ Applying for Grade _____

TO PARENTS:

This form is to authorize the principal or guidance counselor of your child's present school to release copies of all records to Saddle River Day School. It further will authorize the school to transfer the full student file if admission to Saddle River Day School is finalized. A decision regarding admission is not possible without this information. Please deliver this form to your child's present school at your earliest convenience.

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS

In accordance with the federal regulations regarding the privacy rights of parents and students under the Family and Privacy Act of 1974, the undersigned hereby consents to the release of all educational records of the above named applicant to Saddle River Day School.

Date

Signature of Parent or Guardian

TO SCHOOL OFFICERS:

The student whose name appears on this form has applied for admission to Saddle River Day School. So that we may be informed fully of the candidate's qualifications, please send us copies of the following information:

1. A transcript of the student's school record to date
2. All standardized test results
3. Any psychological or specialized testing results
4. Other information that you feel might be helpful to us in evaluating this student
5. **This form will authorize the school to transfer the full student file (including Medical) if admission to Saddle River Day School is finalized.**

Please email this information as soon as possible to:

Kris Sweeny
Associate Director of Admissions
ksweeny@saddleriverday.org

201-327-4050 ext. x1105 Fax: 201-327-6161

Thank you for your assistance.