



**REVEREND GEORGE A. BROWN MEMORIAL SCHOOL**

***Parent/Guardian Consent Release of Records***

*Permission is hereby granted to (complete name and address)*

*Previous School:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*To release information concerning:*

*Student(s) Name:*

_____	<i>Grade</i> _____
_____	<i>Grade</i> _____
_____	<i>Grade</i> _____
_____	<i>Grade</i> _____

*Please include the following information:*

<i>Academic Records</i>	_____
<i>Health Records</i>	_____
<i>Standardized Tests Results</i>	_____
<i>Child Study Team Records</i>	_____

*Send information to:*

*Reverend George A. Brown Memorial School  
294 Sparta Avenue  
Sparta, NJ 07871  
Attn: Mrs. Patricia Klebez, Principal*

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*