



SADDLE RIVER DAY SCHOOL

147 Chestnut Ridge Road • Saddle River, NJ 07458 • 201-327-4050 • www.saddleriverday.org

REQUEST FOR FINAL TRANSCRIPTS

Student Name: _____ Grade Attended: _____

TO PARENTS/GUARDIANS:

Your child is currently a student enrolled at Saddle River Day School. However, we are missing a FINAL TRANSCRIPT from their previous school. This form will authorize the release of a final transcript with your signature. Please deliver this form to your child's previous school and have them forward the requested information to:

Office of Admissions
Saddle River Day School
147 Chestnut Ridge Road
Saddle River, NJ 07458

TO THE SCHOOL ADMINISTRATOR/S:

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 student to Saddle River Day School.

Parent/Guardian Signature: _____ Date: _____