



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