

Northern Highlands Regional High School

School Counseling Department

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Christine Wegert, Director of Guidance
Maureen Menakis, Administrative Assistant
Linda Roberto, Secretary
Gina Dekens, Secretary

PARENT/GUARDIAN/STUDENT CONSENT FOR RECORD RELEASE FORM

A. RECORDS REQUESTED FROM:

(Name of School Transferring From)

(School Address) (Phone #)

(City, State and Zip Code)

B. STUDENT DATA

(Student's Name) (Grade)

(Present Address)

(New Address if applicable) (effective date)

(Home phone# - present and new if available) (parent work phone)

(Age) (D.O.B.)

C. SPECIFIC RECORDS/DATA TO BE RELEASED:

State Student ID#
All grades as of day of withdrawal
Psychological Report, if any
Individualized Education Plan (I.E.P.)
504 Plan
Discipline Records
Health Records (PLEASE FORWARD REQUEST TO SCHOOL NURSE)
Immigration and Naturalization Forms (if applicable)

D. SIGNATURE TO RELEASE RECORDS:

Signature of Parent/Guardian (*Student may sign if 18 years of age or older)

Date Sent _____ by _____

Date Received _____ by _____