

Michael Donovan, Principal 235 Ridgwood Avenue Glen Ridge, NJ 07028

Parental Release Statement

As the parent/guardian of:	
Student's Name:	Date:
Grade:	Birth Date:
Former School:	
Address:	_
Telephone #	
Fax #	
I hereby authorize that the academic records, including all psychological evaluations, including all pertinent CST do original NJ Form A-45, if in state) for my child be forward	cuments and medical records (including
Ridgewood Avenue Attention: Rebecca 235 Ridgewood A Glen Ridge, NJ	a Tsafos Avenue
It is my understanding that these records are for professio	nal use and will be kept in a confidential file.
Parent/Guardian Signature	Dated:

If transferring from a New Jersey public school, please include NJ SID# on records.