

BERGENFIELD HIGH SCHOOL
Bergenfield, NJ 07621

NAME OF STUDENT

DATE OF BIRTH

Student ID

PLEASE! Read, complete and return this form to the Guidance Office.

Dear Parent:

The Elementary and Secondary Education Act of 1974 requires that you be notified that your child's record or a transcript is being forwarded to another agency, educational institution, or prospective employer. **Rather than delay the mailing of a transcript** and adversely affecting your child's application, we are asking that you complete and **return the following form:**

I give permission to Bergenfield High School to:

Send transcripts, schedule, SAT, ACT scores and any other scores requested to **any Federal, State or Local agency, institution of higher education, and** any other educational institution or prospective employer THAT MY CHILD REQUESTS.

SIGNATURE OF STUDENT (18 Yrs)

DATE

SIGNATURE OF PARENT

DATE

If the student is 18 years of age, he/she may sign this form in place of a parent.