



**Matawan-Aberdeen Regional School District** Office of the Superintendent

1027 Route 34, Matawan, NJ 07747 • (732) 705-4007 Fax (732) 705-4092 • www.marsd.org

Nelyda Perez  
*Superintendent of  
Schools*

Lindsey Case  
*School Business  
Admin/Board Secretary*

Michael Liebmann  
*Assistant Superintendent  
of Schools PreK-12*

Dr. Elford Rawls-Dill  
*Director of  
Personnel*

**AUTHORIZATION TO RELEASE RECORDS**

(please print legibly, and fill out completely)

TO: School Name: \_\_\_\_\_  
 (Nombre de la escuela)  
 School Address: \_\_\_\_\_  
 (Dirección de la escuela)  
 City, State, Zip: \_\_\_\_\_  
 (Ciudad, Estado, Código Postal)  
 School Phone #: \_\_\_\_\_ School Fax # \_\_\_\_\_  
 (Número de teléfono de la escuela) (Número de fax de la escuela)

RE: Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Nombre del/la estudiante) (Fecha nacimiento)

The above named student has enrolled at the Matawan Aberdeen Regional School District, in grade \_\_\_\_, at \_\_\_\_\_ School. Please send us the child's cumulative, academic, and health records along with any other information listed below:

- Transcript of academic records
- Standardized test scores
- Original health card (if a NJ school)
- Transfer Card/ NJ State ID (if applicable)
- Attendance and discipline records
- Any pertinent psychological information / reports
- Any compensatory / remedial or Chapter I education information
- IEP / 504

Thank you,  
MARSD Registrar's Office

**PARENT/GUARDIAN AUTHORIZATION TO RELEASE RECORDS:**

I have enrolled my child, \_\_\_\_\_ at the Matawan Aberdeen Regional School District.

\_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN)

\_\_\_\_\_  
DATE