



WATCHUNG HILLS REGIONAL HIGH SCHOOL

ELIZABETH C. JEWETT, PhD
SUPERINTENDENT

WILLIAM J. SCHOLTS, CPA, PSA
BUSINESS ADMINISTRATOR

WILLIAM J. LIBRERA, EdD
PRINCIPAL

Consent for Release of Records

Student Name: _____ Date of Birth: _____ Age: _____ Grade: _____

The student listed above has registered at Watchung Hills Regional High School (WHRHS) on

_____ and will start on _____
Date Date

I hereby authorize the release of information regarding the above named child between
Watchung Hills Regional High School and:

School Name: _____ Phone: _____ Fax: _____

Address: _____

The information release shall be:

Please mail the information separately to each of the following areas:

(1 through 3 Attn: School Counseling)

1. Official Sealed Transcript (including current grades)
2. Grading System used by your school
3. Transfer Card
4. Discipline Reports, forward records, Attn: James Huff, VP
5. Nursing Records, forward records, Attn: Health Office
6. CST Records, forward records, Attn: Teresa Baker, Office of Special Services

VALID UNTIL
1 year from date

Signature:

Date:

Relationship to Student: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

PLEASE MAIL TO:

**Watchung Hills Regional High School
Attn: (Insert Information Above)
108 Stirling Road
Warren, NJ 07059**