

MORRIS COUNTY SCHOOL OF TECHNOLOGY
400 EAST MAIN STREET, DENVILLE, NJ 07834-2592
PHONE: 973-627-4600 FAX: 973-784-6650

RELEASE OF MEDICAL RECORDS

STUDENT'S NAME: _____

STUDENT ADDRESS: _____

PARENT/GUARDIAN: _____ **RELATIONSHIP:** _____

HOME PHONE: _____ **CELL:** _____ **WORK:** _____

EMAIL: _____

NAME OF HOME HIGH SCHOOL: _____

ADDRESS: _____

PHONE: _____

FAX: _____

I HEREBY GIVE PERMISSION FOR THE RELEASE OF MEDICAL RECORDS TO THE SCHOOL
NURSE AT THE MORRIS COUNTY VOCATIONAL TECHNICAL SCHOOL.

Signature of Parent/Guardian

Date