

Rochelle Park School District Midland School #1

Student Records Release Request

Date: _____

Student's Name: _____

Grade: _____

I hereby give permission to:

Previous School Attended

Street Address

City, State, Zip Code

Telephone

FOR OFFICE USE

to release all past and present Medical, Educational, Academic, Discipline, Special Services records, and Student Transfer Card (*including the student's New Jersey SID number, if applicable*) pertaining to the above named child and mail to:

Current School Attending

Street Address

City, State, Zip Code

Parent/Guardian Signature

Date

Rochelle Park School District

Midland School #1

Main Office: 201-843-3120

Child Study Team: 201-843-3120 ext. 117

Guidance Office: 201 - 843 - 3120 ext. 124

February 2015