

TABERNACLE TOWNSHIP SCHOOL DISTRICT

AUTHORIZATION FOR THE RELEASE OF RECORDS

In accordance with the provisions of the Family Education Rights and Privacy Act of 1974, and N.J.A.C. 6:3-2.1 et al.

I, _____ do authorize the transfer of
(Name of Parent/Guardian)

all school records (to include Child Study Team records if applicable)

of: _____
(Student's Name)

to Tabernacle Township Schools, Tabernacle, New Jersey

from _____
(Name of School)

(Address of School)

I hereby attest that I have legal authority to request release of these records.

Parent/Guardian Signature

Date

School Witness