

SPARTA TOWNSHIP PUBLIC SCHOOLS

**RELEASE OF RECORDS FORM**

Permission is hereby granted to:

Previous School Name \_\_\_\_\_

Address \_\_\_\_\_

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

The above named student has registered at (name of school): \_\_\_\_\_

Please release the following information:

- Grades
- Health records
- Results of achievement and intelligence tests
- Personality rating and other similar data
- Grades in progress at time of leaving
- Any other material pertinent to the growth of the student
- Any psychological testing or Child Study Team information, including the most recent:
  - Educational Evaluation
  - Psychological Assessment
  - Social worker history

Written information is to be sent to the attention of:

(School) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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Authorization to release pupil's records:

I have enrolled my child \_\_\_\_\_  
Name Date of birth

in the \_\_\_\_\_ and authorize you to release the  
(New School)

above named information so that we may plan a program for this student.

Signature of Parent of Guardian \_\_\_\_\_ Date \_\_\_\_\_