KINNELON PUBLIC SCHOOLS

AUTHORIZATION FOR REQUEST OF INFORMATION

Knowing that I have the right to inspect, receive and challenge, prior to release...
I hereby authorize the Kinnelon Public Schools to request from:

_____
Person, School or Agency

_____
Address

_____

The school records of _____.

Date of birth_____, who has registered in the Kinnelon Public School system on _____, and will be enrolled in Grade _____.

Records Requested:

_____ Complete school records

_____ Health records

_____ High School transcript

_____ Other _____

_____ Academic records including standardized test scores

This authorization is made with the understanding that the sending party or agency will not furnish in any form, any information contained therein to any other party without prior approval of the parent or adult student.

_____

Signature of parent/adult student Date

Please forward to records to:

__ Kiel School
115 Kiel Ave
Kinnelon NJ
07405

__ Stonybrook School
118 Boonton Ave
Kinnelon NJ
07405

__ Pearl R. Miller School
Guidance Office
117 Kiel Ave
Kinnelon, NJ 07405

__ Kinnelon High School
Guidance Office
121 Kinnelon Rd
Kinnelon, NJ 07405

Revised 1/25/2019