

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

SCHOOLS ON _____ AND WILL BE ENROLLED IN GRADE _____.

RECORDS REQUESTED

___ COMPLETE SCHOOL RECORDS

___ ACADEMIC RECORDS INCLUDING STANDARDIZED TEST SCORES

___ HEALTH RECORDS

___ HIGH SCHOOL TRANSCRIPT

___ OTHER _____

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 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 ROAD
KINNELON, NJ 07405