

“TRANSCRIPT RELEASE FORM”

Authorization for Release of Records

GUIDANCE OFFICE

KITTATINNY REGIONAL HIGH SCHOOL

77 HALSEY ROAD

NEWTON, NJ 07860

PHONE: (973) 383-1800 FAX: (973) 383-0085

MAINTAINING THE CONFIDENTIALITY OF PUPIL RECORDS IS VERY IMPORTANT TO KITTATINNY, THEREFORE NO REQUEST FOR RECORDS WILL BE PROCESSED BY THE GUIDANCE OFFICE UNLESS THIS FORM IS FILLED OUT IN ITS ENTIRETY AND ON FILE WITH THE GUIDANCE DEPARTMENT. FORMS WILL BE KEPT ON FILE POST GRADUATION.

STUDENT'S NAME:

First Middle Last

MEMBER OF THE CLASS OF: _____

I hereby authorize the Guidance Department to release information pertaining to my demographics, grades, standardized test scores, evaluation forms, letters of recommendation, student resume, discipline records, attendance records, grade point average and/or class rank.

STUDENT SIGNATURE: _____

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____
(Required if student is under 18)

Release of Record to the Military: Yes / No _____

(Circle One) Initial