

Date_____

CONFIDENTIAL

KITTATINNY REGIONAL HIGH SCHOOL
77 Halsey Road
Newton, New Jersey 07860
Phone: (973)383-1800
Fax: (973)383-4392

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize _____

to release cumulative records including SID, discipline, health, and Child Study Team records for
my child _____ D.O.B. _____

Last day student attended school: _____ Grade _____

These records are to be sent to:

KITTATINNY REGIONAL HIGH SCHOOL
77 Halsey Road
Newton, New Jersey 07860

Attention: Guidance Office

Parent/Guardian Signature

Address

City/Zip

Home Phone Work Phone

Date Sent