

Date _____

CONFIDENTIAL

KITTATINNY REGIONAL HIGH SCHOOL
Phone: (973)383-1800
Fax: (973)383-4392

AUTHORIZATION FOR RELEASE OF RECORDS

I hereby authorize KITTATINNY REGIONAL HIGH SCHOOL
77 Halsey Road
Newton, New Jersey 07860
Attention: Guidance Office

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

Last day student attended school: _____ Grade _____

These records are to be sent to:

Signature _____ Parent/Guardian

Forwarding Address

City/Zip

Home Phone Work Phone

PLEASE DETACH AND RETURN:

We have received the records of _____ Date _____

School Official Name of School

Address of School