

REQUEST/AUTHORIZATION TO RELEASE RECORDS

Date: _____

Dear Principal:

This is to request/authorize your release of the school records of:

Name of Student Grade Level

Name of Student Grade Level

who has enrolled in our school.

Records to be released are:

_____ Cumulative School Records

_____ Health Records

_____ Psychological Records (if applicable)

Records to be sent to:

ABUNDANT LIFE ACADEMY
390 Washington Avenue
Nutley, NJ 07110
(973) 667-9700

Signature of School Representative

Parent/Guardian Signature