

**MAGNOLIA PUBLIC SCHOOL DISTRICT PERMISSION
TO RELEASE ALL STUDENT RECORDS**

Magnolia Public School
420 N. Warwick Road
Magnolia, NJ 08049
P: 856.783.2994
F: 856.566.9736

Please send all student records, health records,
discipline records and any CST records
as soon as possible.

RELEASE OF RECORDS

Last School Attended: _____

Address: _____

City, State, Zip: _____

School's Phone Number: _____ School's Fax: _____

The following student has registered in the Magnolia School District on _____

NAME: _____ GRADE _____ DOB: _____

* * * * * I give permission for you to release all records for the student indicated above
(note: permission not required under NJAC). * * * * *

I understand under the Federal No Child Left Behind requirements, I must now also authorize the release of my child's discipline records to be included with the release of my child's permanent records, and my signature below indicates my authorization and permission to release the records to the above-mentioned school as soon as possible.

Parent/Guardian Signature _____ Date _____

According to New Jersey Administrative Code 6:3-2.1 to 2.8, "Mandated pupil records shall be forwarded to the receiving district..." Please send the cumulative folder, the health records, grade-to-date, and any other mandated records on the pupil listed above as soon as possible.

OFFICE FAXED:

DATE: _____

INITIALS: _____