



In accordance with the provisions of the Family Education Right and Privacy Act of 1974, the following form must be completed in order to release students records.

School Transferring From: _____

Street Address: _____

City/State/Zip Code: _____

Telephone: _____ **Fax:** _____

I, _____, do hereby request the release
(parent /guardian or student 18 years of age or older)
of the school records (Cumulative Folder, Health, Child Study Team
Reports) of my child/children _____, _____,
_____ and
_____, who have enrolled in this district.

I hereby attest that I have legal authority to request release of these records. A reproduction of this authorization shall be considered as effective and as valid as the original.

Parent/Guardian Signature

Date

School Transferring to: **St. Mary of the Lakes School**
196 Rt. 70, Medford, NJ 08055
609-654-2546 XT. 216
FAX: 609-654-8125
Email: info@smlschool.org

(If coming from a Diocese of Trenton Catholic school, please transfer all Genesis information to St. Mary of the Lakes School as well.)