



Toms River Regional Schools

AUTHORIZATION FOR RELEASE OF CUMULATIVE RECORDS

In accordance with the "Family Educational Rights and Privacy Act of 1974" (PL 93-380), I authorize the release of my child's records from your school. Such request for disclosure is for the purpose of enrollment and shall include the following:

Cumulative Records To Include:

- Scholastic Records
- Standardized Test Scores
- Immunizations and Health Records
- Grades averaged from date of latest report card to date of withdrawal from your school

Confidential Records to Include:

- All Special Education components which include psychological, sociological, educational, and medical/audiovisual evaluations.
- Up-to-date individualized educational program (IEP) with handicapping condition specified.

Name of Student: _____

Grade Enrolling Into: _____

From: List information of last school attended:

Name of School: _____

Address: _____

School Phone #: _____

School Fax #: _____

Signature of Parent/Guardian

Date

For office use only: **THIS FORM IS NOT VALID IF NOT SENT FROM TRSCHOOLS!**

The above student has been enrolled with the Toms River Regional Schools.

Please forward original school records to: