



# POPE JOHN XXIII

REGIONAL HIGH SCHOOL

ACCREDITED BY ADVANCED

## REQUEST FOR RELEASE OF STUDENT RECORDS

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**Name of Present School**

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**Street Address**

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**City, State & Zip**

**To the Principal/Guidance Office:**

*Student Name:* \_\_\_\_\_, *Grade* \_\_\_\_\_, who formerly attended your school, is now enrolled as a student at Pope John XXIII High School, Sparta, NJ.

At your earliest convenience, please forward to the attention of the Pope John Guidance Office all academic and health records for the above-named student. Please include all **Child Study Team Records**, if applicable.

Parental permission is no longer required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule of Education Records, Federal Register, June 17, 1976, Vol. 41, No. 118, Page 24673)

Very truly yours,

Rev. Kieran McHugh  
President/Principal

**AUTHORIZATION OF PARENT/GUARDIAN:** I authorize the release of all records of the above-named student to Pope John XXIII High School.

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Date

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Signature of person authorizing release

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Relationship to student (Parent, Guardian, etc.)