

# AUTHORIZED RECORD RELEASE FORM

To the Principal or Guidance Counselor of the current school.

Please send the final/current academic records, standardized test scores, and health records, including the A45, for the student listed below. If applicable, please include IEP/ISP, 504 Plan, or Educational Evaluations.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

I authorize the release of all final/current records for the above named student to the Academy of Saint Elizabeth.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

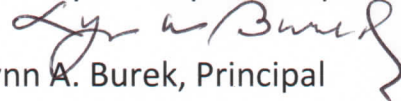
School release:

Principal/Counselor Name and Signature: \_\_\_\_\_

Name and address of sending school: \_\_\_\_\_

Please send all records to:  
Director of Counseling  
Academy of Saint Elizabeth  
P.O. Box 297  
Convent Station, NJ 07961-0297

Thank you for your cooperation in this matter:

  
Lynn A. Burek, Principal  
Academy of Saint Elizabeth

