

**CALDWELL-WEST CALDWELL PUBLIC SCHOOLS
JAMES CALDWELL HIGH SCHOOL
265 WESTVILLE AVENUE
WEST CALDWELL NEW JERSEY 07006**

Phone (973)228-6981

FAX (973)226-9236

RECORD RELEASE AUTHORIZATION

Confidentiality laws require the sending school to have your permission before releasing student records and other related information. Please fill out this release form so that we may obtain all necessary papers without undue delay. **Please note:** Under state & federal law (N.J.S.A. 18A:36-19a and N.J.A.C. 6.5(c)10iv) the school district “must provide to the receiving district all information in the student’s record related to disciplinary actions”.

I, _____ hereby give permission to
(Parent signature and date)

_____ (Name of school)

_____ (Full address of school)

to release the following information from my child’s files:

Name of student _____ Grade _____

Student records including current and previous grades and test scores

NJ Smart # (if applicable)

Health records

Child Study Team records or 504 Accommodations (if applicable)

This information is needed to enroll this student in James Caldwell High School. Please mail or fax these records to:

Guidance Department
James Caldwell High School
265 Westville Avenue
West Caldwell NJ 07006

Thank you for your assistance in this matter

