

LAKEHURST ELEMENTARY SCHOOL
301 UNION AVENUE
LAKEHURST, NEW JERSEY 08733
(732) 657-5741

AUTHORIZATION FOR EXCHANGE OF STUDENT RECORDS

STUDENTS NAME _____ GRADE _____ DATE OF BIRTH _____

PARENT/LEGAL GUARDIAN _____ PHONE _____

LEGAL GUARDIAN RELATIONSHIP TO STUDENT _____

ADDRESS _____
Street Town State Zip Code

AS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED STUDENT, I HEREBY
AUTHORIZE THE LAKEHURST ELEMENTARY SCHOOL TO:

___ RELEASE THE INDICATED RECORDS TO THE FOLLOWING AGENCY/
SCHOOL LISTED BELOW:

- ___ STUDENT'S PUPIL RECORD FILE
___ CHILD STUDY TEAM REPORTS AND PERTINENT MEDICAL
DATA RELATIVE TO THE CHILD STUDENT TEAM EVALUATION
AND/OR PLACEMENT OF STUDENT.

___ OBTAIN THE INDICATED RECORDS FROM THE FOLLOWING AGENCY/
SCHOOL LISTED BELOW:

- ___ STUDENT'S PUPIL RECORD FILE
___ CHILD STUDY TEAM REPORTS AND PERTINENT MEDICAL
DATA RELATIVE TO THE CHILD STUDENT TEAM EVALUATION
AND/OR PLACEMENT OF STUDENT.

NAME OF
AGENCY/SCHOOL _____

ADDRESS _____
Street Town State Zip Code

I FURTHER UNDERSTAND THAT I AND OR THE STUDENT (18 YEARS OF AGE OR OLDER)
MAY RECEIVE PERSONALLY FROM THE SCHOOL DISTRICT UPON WRITTEN
REQUEST A COPY OF ANY OF THE ABOVE RELEASED RECORDS, SUCH RECORDS
BEING PROPERLY INTERPRETED AS NECESSARY BY APPROPRIATE SCHOOL
PERSONNEL. A NOMINAL FEE MAY BE CHARGED FOR THE ABOVE MENTIONED
COPIES.

SIGNATURE _____
___ Parent ___ Guardian ___ Student 18 years or older

WHITE - AGENCY/SCHOOL YELLOW - LES PINK COPY - PARENT/GUARDIAN

DATE RECORDS REQUESTED _____ DATE RECORDS RECEIVED _____