



"A Tradition of Caring"

South Hackensack School District

1 Dyer Ave · South Hackensack, NJ 07606

Phone: 201-440-2782 | Fax: 201-440-9156

STUDENT RECORDS RELEASE REQUEST

Date: _____

Student's Name _____ Grade _____

I hereby give permission to:

Name of Previous School Attended

Street Address

City, State, Zip Code

Telephone: _____ Fax: _____

Previous School:

NJ State ID: _____ *Is the student currently in an ESL/Bilingual Program ___Yes ___No

To release all past and present records listed below, including the student's transfer card (with New Jersey SID number, if applicable). Permission, if needed, to contact school personnel, for additional student information.

- ❖ Educational Records ❖ State Testing Records ❖ Discipline Records
- ❖ Medical/Health Records ❖ Attendance Records ❖ Special Services Records

Please Mail to:

Memorial School

1 Dyer Avenue, South Hackensack, NJ 07606

Attn: Mrs. Evelyn Stefano

Parent/Guardian Name (Print) _____

Parent/Guardian Name (Signature) _____