

## Every Child, Achieving Excellence

Olga Hugelmeyer Superintendent of Schools Anthony DiDonato Supervisor of Guidance

## RELEASE OF RECORDS/TRANSCRIPTS/TEST SCORES

Date of Request:	Former Student ID:
Student's First Name  Student's Last Name  Please send the following information:	Date of Birth Grade
☐ Final Transcript	☐ IEP Plan (if Applicable)
☐ Standardized Test Scores	□ 504 Plan If Applicable
☐ Health Records & Universal Child Health Physical Examination	☐ Personal Data – Parent/Guardian Date & Place of Birth
☐ Current Year – Grades/Schedule	☐ Attendance Records
AUTHORIZATION FOR RELEASE OF RECORDS:  I hereby authorized:  School Name:  School Address:	
School Phone/Fax:	
to release the records/information requested above for the named student.	
Parent/Guardian Signature	Date
Please Send Records to: High School Welcome Center 600 Pearl Street Elizabeth, NJ 07202 Phone: 908-436-5278 Fax: 908-436-6857 Attn: Nahomis Angulo-Secret Rita Molina-Secretary- Email	etary- Email: angulona@epsnj.org