

CHESTERFIELD TOWNSHIP SCHOOL DISTRICT  
30 Saddle Way  
Chesterfield, NJ 08515  
Phone: 609-298-6900 Fax: 609-298-7884

AUTHORIZATION TO RELEASE STUDENT RECORDS

The purpose of this form is to ensure compliance with the Family Educational Rights and Privacy Act of 1974, which requires documented evidence of permission from a student's parent or legal guardian to release all student files to officials of other public or private schools in which the student intends to enroll. In addition, documented evidence of parental approval must be received before records are transmitted to the receiving school.

I am the parent/legal guardian of \_\_\_\_\_  
(student name)

date of birth \_\_\_\_\_, grade \_\_\_\_\_

I request and authorize my child's records, which include:

- Cumulative
- Health
- Confidential/Child Study Team

to be released to the officials of:

Chesterfield Township School District  
30 Saddle Way  
Chesterfield, NJ 08515

If transferring from a school within the State of New Jersey, please include

NJ Smart Student ID # \_\_\_\_\_

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

Date \_\_\_\_\_