



VERONA PUBLIC SCHOOLS  
121 FAIRVIEW AVENUE  
VERONA, NEW JERSEY 07044

Phone: 973-571-2029 Fax: 973-571-6765

## AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Former School Name/ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The student named above has registered in the Verona Public Schools for \_\_\_\_\_ at  
the following school. (Date)

School Name: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the following if applicable:

Transcripts	504's
Test Scores	Action Plans
Health Records	Discipline Records
IEP's	Any parent correspondence of relevance
Action Plans	Any legal correspondence of relevance

Parent/Guardian must complete.

I, \_\_\_\_\_, the parent or legal guardian of the above named student, hereby authorize the release of his/her records to the Verona Public Schools for the purposes of school enrollment and placement.

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

Date: \_\_\_\_\_

