

MORRIS HILLS REGIONAL DISTRICT

REGISTRAR'S OFFICE

Phone: 973-664-2295 Email: registrar@mhrd.org FAX: 973-201-2585

Transfer of Records & Release Form

| Student Name: | | | Grade: | |
|--|--|--|---|-------------------------------|
| (Last) | (First) | (Middle) | | |
| Name and address of previous s | chool: | | | |
| Contact Name (Guidance/Recor School Fax Number or Email add | | | | |
| The specific items to be released ✓ Attendance Records ✓ Health Records ✓ Transcript information (I ✓ Grades of all completed ✓ Grades at the date of wit ✓ All Standardized test sco Board/ACT Testing) ✓ Special Education/504/R ✓ Disciplinary Records □ NJSID Number (if a NJ Pu | isting all subjects, fi terms of semesters :hdrawal Date w res (please include eferral Records | for the current year vithdrawn | | |
| "The Family Educational Rights a release student educational reco school officials in which a stude | ords. Student recor | | | |
| In accordance with N.J. Statute weeks to the receiving district a district. The school district also offenses. Written consent of the large of the records cheeks the records cheeks. | all information rega is required to tran ne parent or adult s | ording disciplinary ac esfer information in tudent is not requir | ctions taken against the stu the student's record regard ed for the transfer to take | udent by the ding juvenile |
| ☐ Morris Hills 520 West M Rockaway, N Attn: School FAX: 973-66 | ain Street IJ 07866 Counseling | | ☐ Morris Knolls High Scho 50 Knoll Drive Rockaway, NJ 07866 Attn: School Counseling FAX: 973-664-1483 | |
| Parent/Guardian Signature | | | Date | |