

**Rockaway Borough Schools**  
103 East Main Street  
Rockaway, New Jersey 07866  
Mr. Anthony Grieco, Superintendent of Schools

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Tel: 973-625-8601  
Fax: 973-625-7355

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

**PERMISSION FOR RELEASE OF INFORMATION OF STUDENT RECORDS**

In accordance with the "Family Educational Rights and Privacy Act of 1974" (P.L. 93-380),

I, \_\_\_\_\_, hereby authorize  
(Name of Parent/Guardian)

\_\_\_\_\_  
(previous school)

\_\_\_\_\_  
(street address or P.O. Box)

\_\_\_\_\_  
(city - state)

to release all records regarding my child \_\_\_\_\_ who has enrolled in:  
(student's name)

\_\_\_\_\_ **Lincoln School**  
37 Keller Avenue  
Rockaway, New Jersey 07866

\_\_\_\_\_ **Thomas Jefferson School**  
95 East Main Street  
Rockaway, NJ 07866

Which may include: Academic and Testing Records  
Health and Immunization Records  
Child Study Team Records  
**If former school is located in New Jersey, please include their State ID number.**

Please send records to the following school:

\_\_\_\_\_ **Lincoln School**  
37 Keller Avenue  
Rockaway, New Jersey 07866

\_\_\_\_\_ **Thomas Jefferson School**  
95 East Main Street  
Rockaway, NJ 07866

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone