



Rockaway Borough Schools

103 East Main Street Rockaway, NJ 07866

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

Mr. Anthony Greico, Superintendent

PERMISSION FOR RELEASE OF INFORMATION OF STUDENT RECORDS

I, _____, hereby authorize
(Name/Nombre of Parent/Guardian)

(Previous School/Nombre de Escuela)

(Street Address or P.O. Box/Direccion)

(City, State and Zip Code/ Ciudad, Estado y Código Postal)

to release all records regarding my child _____ who has enrolled in:
(Student's Name/Nombre de Estudiante)

THOMAS JEFFERSON SCHOOL
95 East Main Street
Rockaway, NJ 07866

Which may include:

- ✓ Academic, Testing, and ELL Records
- ✓ Health and Immunization Records
- ✓ Child Study Team Records
- ✓ Disciplinary Records as required by the NCLB Act of 2001, Section 4155

To be sent to:

Mr. Leon Samuels, Principal
THOMAS JEFFERSON SCHOOL
95 East Main Street
Rockaway, NJ 07866

Authorized Signature/ Firma

Relationship/Relacion

New Forwarding Address/Direccion de Hogar

Telephone Number