



VOORHEES TOWNSHIP PUBLIC SCHOOLS PARENT AUTHORIZATION FOR RELEASE OF SCHOOL RECORDS

Date: _____

School Name: _____

Address: _____

Phone: _____ Fax: _____

To Whom It May Concern:

I hereby give my consent to have all school records, including grades and medical health records, as well as Child Study Team, psychological, social, educational, behavior, or developmental information for my child be forwarded to:

- | | |
|--|---|
| <p><input type="checkbox"/> E. T. Hamilton Elementary School
23 Northgate Drive
Voorhees, NJ 08043
Mary Tadley, Principal
856-767-4888
Fax: 856-753-2894</p> <p><input type="checkbox"/> Osage Elementary School
112 Somerdale Road
Voorhees, NJ 08043
Robert Cranmer, Principal
856-428-2990
Fax: 856-427-0296</p> <p><input type="checkbox"/> Voorhees Middle School
1000 Holly Oak Drive
Voorhees, NJ 08043
Alecia Inge, Principal
856-795-2025
Fax: 856-795-4611</p> | <p><input type="checkbox"/> Kresson Elementary School
7 School Lane
Voorhees, NJ 08043
Stacey Morris, Principal
856-424-1816
Fax: 856-424-2728</p> <p><input type="checkbox"/> Signal Hill Elementary School
33 Signal Hill Drive
Voorhees, NJ 08043
Lauren M Salls, Principal
856-767-6749
Fax: 856-767-6221</p> <p><input type="checkbox"/> Voorhees Child Study Team
All Special Education Records
329 Route 73 Voorhees, NJ 08043
Dr. Melody Alegria, Director of Special Services
856-751-8446 Ext. 6138
Fax: 856-489-8390</p> |
|--|---|

NAME OF CHILD

_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade _____	DOB _____
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade _____	DOB _____
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade _____	DOB _____
_____	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Grade _____	DOB _____

Parent's Name: _____
(Please Print)

Parent's Signature: _____ Date: _____
(Please sign in ink)