

**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:

□ E. T. Hamilton Elementary School □ Kresson Elementary School

23 Northgate Drive 7 School Lane

Voorhees, NJ 08043 Voorhees, NJ 08043

Mary Tadley, Principal Stacey Morris, Principal

856-767-4888 856-424-1816

Fax: 856-753-2894 Fax: 856-424-2728

□ Osage Elementary School  Signal Hill Elementary School

112 Somerdale Road 33 Signal Hill Drive

Voorhees, NJ 08043 Voorhees, NJ 08043

Robert Cranmer, Principal Lauren M Salls, Principal

856-428-2990 856-767-6749

Fax: 856-427-0296 Fax: 856-767-6221

□ Voorhees Middle School □ Voorhees Child Study Team

1000 Holly Oak Drive All Special Education Records

Voorhees, NJ 08043 329 Route 73 Voorhees, NJ 08043

Alecia Inge, Principal Dr. Melody Alegria, Director of Special Services

856-795-2025 856-751-8446 Ext. 6138

Fax: 856-795-4611 Fax: 856-489-8390

**NAME OF CHILD**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Male  Female Grade \_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Male  Female Grade \_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Male  Female Grade \_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Male  Female Grade \_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please sign in ink)