

# Sparta Middle School

Guidance Department

350 Main Street

Sparta, New Jersey 07871

## **RELEASE OF RECORDS AUTHORIZATION**

\_\_\_\_\_ has registered at Sparta Middle School.  
**Student Name**                      **Grade**

Permission is granted to:

Previous School \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

To please release the following information:

- Health records
- Grades and/or any grades in progress at time of leaving for students transferring during the school year
- Results of achievement and intelligence tests
- Personality rating and other similar data
- Any other material pertinent to the growth of the student
- Any psychological testing or Child Study Team information, including most recent I.E.P., educational evaluation, psychological assessment and social history

Thank you for your prompt attention.

Sincerely,

June Brooks  
Guidance Secretary

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### **Authorization to release pupil's records:**

I authorize the release of all records, for the above named student, to Sparta Middle School so that we may plan an educational program. Thank you.

\_\_\_\_\_ **Signature of Parent or Guardian**

\_\_\_\_\_ **Date**