

**ALPHA PUBLIC SCHOOL**

**817 North Boulevard**

**Alpha, New Jersey 08865**

**Telephone: (908) 454-5000**

[www.apsedu.org](http://www.apsedu.org)

**Fax: (908) 454-4347**

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

To: \_\_\_\_\_

From: Melissa Yale

Re: Request for Records

To Whom It May Concern,

Health, discipline, academic, and Child Study Team records are being requested for the following child/children who have registered to enroll in the Alpha Public School. The registration process cannot be completed until said records are received. Therefore, your prompt response to this request is appreciated.

The child/children listed below enrolled in Alpha Public School.

Student Name	Grade

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned parent or legal guardian of the above named child/children do hereby authorize:

\_\_\_\_\_  
Name (of school student is leaving)

\_\_\_\_\_  
Address (of school student is leaving)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Fax Number

to release information regarding my child/children to the Alpha Public School. I understand this includes report cards, grades, test results, social and medical information. I further understand that any Child Study Team materials will also be forwarded to Alpha Public School.

\_\_\_\_\_  
Signature of Parent/Guardian Relationship Date

