

ALPHA PUBLIC SCHOOL

817 North Boulevard

Alpha, New Jersey 08865

Telephone: (908) 454-5000

www.apsedu.org

Fax: (908) 454-4347

Authorization to Release Information

Prior School's Name: _____

Address: _____

Street

City

State

Zip

Phone #: _____

Fax #: _____

I hereby authorize the release of information you hold in the files regarding the following child/children:

Child's Name	Grade

Printed Name of Parent or Legal Guardian: _____

Address: _____ Phone #: _____

Signature of Parent or Legal Guardian: _____

Official Records to Include:

Cumulative Record ☐

Health Record ☐

Discipline Record ☐

Child Study Team Records ☐

Speech Records ☐

SID # _____ ☐

School Requesting Release of Information:

Attn: Bethany Ascolese

Alpha Public School

817 North Blvd.

Alpha, NJ 08865

Signature of School Official: _____ Date: _____