

Newton High School - Counseling Services Department

44 Ryerson Avenue, Newton, NJ 07860

Telephone: (973) 383-7573, ext 3226 crodriguez@newtonnj.org

RELEASE: OFFICIAL SCHOOL RECORDS FOR NEWTON HIGH SCHOOL GRADUATES

Note: As determined by the Family Educational Rights and Privacy Act (FERPA), any student, if eighteen years or older, must provide written consent for the release of any school records.

Last Name: _____

First Name: _____

Maiden Name if applicable: _____

Current Mailing Address: _____

Telephone Number: _____

Your eMail address: _____

Date of Birth: _____ Date of Graduation: _____

I hereby authorize Newton High School to provide the following records(ck all that apply)

_____ Official school record (Transcript includes name, address, birthdate, grade level, grades and credits, class rank and attendance record)

_____ Immunization record - State of NJ Health History A-45

_____ Special Services reports (psychological, social history, learning disability, speech therapy, etc. pertains to Child Study Team records)

Please send the above information to * (specific name and address is required below)

School/Employer Name: _____

School/Employer Address: _____

***an official transcript with the NHS school seal will be sent to the above address in a sealed envelope.**

_____ Please send me an unofficial copy (specify by circling: email or regular mail)

Signature: _____ Date: _____

Please email a completed copy of this request to Counseling Services Administrative Assistant Coral Rodriguez (crodriguez@newtonnj.org)

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Date request received: _____ Date transcript mailed: _____