

Clifton Public Schools

Office of Registration
745 Clifton Avenue
Clifton, New Jersey 07013
973-458-6970

RELEASE OF RECORDS

Student Name: _____

Clifton School Name: _____ Grade: _____

* * * * *

Will be transferring to: _____
(Name of School)

(City) (State) (Zip Code)

New home address will be: _____
(Street Address) Apt #

(City) (State) (Zip Code)

I give permission for the Clifton Public Schools District to transfer:

All grades, test scores, complete list of immunizations, discipline records and special education records.

PRINT: Name of Parent/Guardian

SIGNATURE of Parent/Guardian

Telephone #: _____ Email: _____ Date: _____