



Matawan-Aberdeen Regional School District

One Crest Way, Aberdeen, New Jersey 07747
(732) 705-4000 Fax (732) 705-4094

Joseph G. Majka, J.D.
Superintendent of Schools

Lindsey Case
School Business Administrator/
Board Secretary

Nelyda Perez
Assistant Superintendent for
School Administration PreK-12

Michael Liebmann
Director of Personnel

AUTHORIZATION TO RELEASE RECORDS

(Please print legibly, and fill out completely)

TO: School Name: _____
(Nombre de escuela anterior)
 School Address: _____
(Dirección de escuela anterior)
 City, State, Zip: _____
(Ciudad, Estado, Código postal)
 School Phone # _____ School Fax # _____
(Número telefónico) (Número Fax de Escuela)

RE: Student Name: _____ Birth Date: _____
(Nombre del/la Estudiante) (Fecha Nacimiento)

The above named student has enrolled at the Matawan-Aberdeen Regional School District, in Grade _____, at
(El estudiante mencionado anteriormente, se ha inscrito en el Distrito Escolar Regional de Matawan-Aberdeen) _____ (en)
 _____ School. Please send us the child's cumulative, academic,
 and health records, and any other information listed below:

- Transcript of academic records
- Standardized test scores
- Health Records (including immunizations records)
- Original Health Card – if you are a New Jersey School
- Transfer Card/NJ State ID (if applicable)
- Attendance and Discipline Records
- Any pertinent psychological information/reports
- Any compensatory/remedial or Chapter I education information
- IEP/504

Thank you,
 MARSD
 Central Office Registrar

PARENT/GUARDIAN AUTHORIZATION TO RELEASE RECORDS:

I have enrolled my child _____ at the Matawan-Aberdeen Regional School
(He registrado mi hijo/a en el Distrito Regional de Matawan-Aberdeen,
 and I authorize you to release any records to this district.
y autorizo que envíen cualquier record a este distrito)

 SIGNATURE OF PARENT/GUARDIAN
(Firma del Padre/Guardián)

 DATE
(Fecha)