

**NEWTON HIGH SCHOOL**  
**Counseling Services Department**  
**44 Ryerson Avenue**  
**Newton, NJ 07860**  
**Telephone: (973) 383-7573, ext.226 Fax: (973) 940-1193**

**RELEASE: OFFICIAL SCHOOL RECORDS**  
**FOR NEWTON HIGH SCHOOL GRADUATES**

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

NAME: \_\_\_\_\_

Last

First

Maiden

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**DATE OF GRADUATION:** \_\_\_\_\_

I hereby authorize Newton High School to provide the following records:

\_\_\_\_\_ 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\*:(give specific address)

School/Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

I am aware that these records are available for my inspection and that I may receive a copy if requested.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date