

# JACKSON SCHOOL DISTRICT

## Jackson Liberty High School

125 N. Hope Chapel Road  
Jackson, NJ 08527  
(732) 415-7002  
FAX (732) 833-415-7008



## Jackson Memorial High School

101 Don Connor Blvd.  
Jackson, NJ 08527  
(732) 833-4626  
FAX (732) 833-4639

Dr. Stephen Genco  
Superintendent of Schools

Kurt Holtz  
Director of Guidance

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In order to process any college, ROTC, service academy, prep school or scholarship application, the following statement must be signed and on file in the Guidance office. If you are an athlete, please read and sign the second paragraph as well.

*Please return the signed form to your counselor or Fax it to  
Memorial 732-833-4639 or Liberty – 732-415-7008*

### **AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS**

As part of the college or prep school application process, I authorize the release of a copy of my official transcript containing a list of courses, grades earned, grade point average, and class ranking, as well as any other educational records, to the extent required or requested by the educational institutions to which I apply. I authorize the Guidance Department, as well as the teachers and administrators of the Jackson School District to submit descriptive statements and/or letters of recommendation in support of my applications when requested. I understand that these statements are confidential, and I hereby waive any rights I may have to review their contents. I recognize that it is the school's responsibility to notify any educational institution to which I have applied or have been accepted as to any change in my status at Jackson Memorial/Liberty High School, and I hereby authorize such notification.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

### **RECORDS RELEASE FOR ATHLETES**

I authorize release of my official transcript for recruiting purposes to the NCAA Clearinghouse, coaches, and other educational representatives upon my request.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

**PLEASE RETURN TO YOUR COUNSELOR A.S.A.P**