



# JACKSON SCHOOL DISTRICT

151 Don Connor Boulevard  
Jackson, NJ 08527

(732) 833-4600  
FAX (732) 833-4702

*Dr. Stephen Genco, Superintendent of Schools*

<input type="checkbox"/> Jackson Liberty High School	125 North Hope Chapel Road, Jackson, NJ 08527
<input type="checkbox"/> Jackson Memorial High School	101 Don Connor Blvd., Jackson, NJ 08527
<input type="checkbox"/> Goetz Middle School	835 Patterson Road, Jackson, NJ 08527
<input type="checkbox"/> McAuliffe Middle School	35 South Hope Chapel Road, Jackson, NJ 08527
<input type="checkbox"/> Crawford-Rodriguez Elementary School	1025 Larsen Road, Jackson, NJ 08527
<input type="checkbox"/> Elms Elementary School	780 Patterson Road, Jackson, NJ 08527
<input type="checkbox"/> Holman Elementary School	125 Manhattan Street, Jackson, NJ 08527
<input type="checkbox"/> Johnson Elementary School	1021 Larsen Road, Jackson, NJ 08527
<input type="checkbox"/> Rosenauer Elementary School	60 Citadel Drive, Jackson, NJ 08527
<input type="checkbox"/> Switlik Elementary School	75 West Veterans Highway, Jackson, NJ 08527

### AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Enrolling in Grade: \_\_\_\_\_

The above student has enrolled in the Jackson Township School District. Please send the following student information to the school indicated above as soon as possible:

- **Health Records** (originals if coming from within New Jersey required).
- **Transcript of Academic Records** (including grades to date of withdrawal).
- **Standardized Test Records** (including New Jersey HSPA if applicable).
- **Special Service Records** (may be mailed directly to our Child Study Team).
- **Discipline Records** (if the student has been involved in offenses involving weapons, alcohol or drugs, or willful affliction of injury to persons or an act of violence against persons and/or property committed on school premises, at school or school sponsored activity, please forward appropriate disciplinary documentation.)

**If applicable, please check below:**

\_\_\_\_\_ This student is registered as homeless as per NJAC 6A:17-2.9(a). As the school district of origin, a tuition contract will be sent upon completion of registration if previous school is in New Jersey.

\_\_\_\_\_ This student is registered as a tuition student. As the district of residence, a tuition contract will be sent upon completion of registration.

Previous School: \_\_\_\_\_

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

I HEREBY GIVE MY PERMISSION FOR RELEASE OF THE ABOVE RECORDS.

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Student 18 or older: \_\_\_\_\_

The information contained in this document is private and confidential and intended only for the person(s) named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or any other use of the information is strictly prohibited. The information contained herein also is not subject to disclosure under the New Jersey Open Public Records Act (OPRA).