

WATCHUNG HILLS REGIONAL HIGH SCHOOL

ELIZABETH C. JEWETT, PHD SUPERINTENDENT

Timothy M. Stys, CPA Business Administrator

> William J. Librera Principal

Consent for Release of Records								
Student Name:		Date of Birth:	Age:	Grade:				
The student listed above has registered at Watchung Hills Regional High School (WHRHS) on								
		and will start on						
Date	Date							
I hereby authorize the release of information regarding the above named child between Watchung Hills Regional High School and:								
School Name:		Phone:	F	Fax:				
Address:								
The information release shall be: Please mail the information separately to each of the following areas.								
(1 through 3 Attn: Guidance Office)1. Official Sealed Transcript (including current grades)2. Grading System used by your school3. Transfer Card								
4. Discipline Reports, forward records Attn: Patricia Toubin, VP								
5. Nursing Records, forward records, Attn: Jane Aldrich, Health Office								
6. CST Records, forward records Attn: Teresa Baker, Office of Special Services								
VALID UNTIL l year from date	Signature:		Date:					
Relationship to Student:								
Street Address:								
	City:	State:	Zip Code;	in the second second second				
PLEASE MAIL TO:		Watchung Hills Regional High School Attn: (Insert Information Above) 108 Stirling Road Warren, NJ 07059						



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Relationship to Student:									
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