



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: _____ 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 school
3. 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
1 year from date

Signature: _____

Date: _____

Relationship to Student: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

PLEASE MAIL TO:

Watchung Hills Regional High School
Attn: (Insert Information Above)
108 Stirling Road
Warren, NJ 07059



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