

Millville Public Schools
Student Records
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RELEASE OF RECORDS REQUEST FORM

PLEASE READ CAREFULLY:

Effective January 1, 2006, verification of identification for Social Security or the Motor Vehicle Commission CANNOT be provided unless an individual is CURRENTLY enrolled in the Millville Public School System.

For all other requests, this form must be legibly completed in its entirety and returned with a copy of your current driver's license. If your license does not contain your current mailing address, other forms of identification which contain your full name and current mailing address will be required (see * below). **Incomplete release forms or incomplete identification will cause this form to be returned to you and records will not be sent until all required information is furnished.**

NOTE: Colleges, prospective employers, or governmental agencies will only accept official transcripts. Official transcripts MUST be mailed from Millville Public Schools directly to the college/employer/agency. Be certain the address(es) you provide on page 2 are accurate and legible.

Name: _____
FIRST M.I. LAST MAIDEN

Current Address: _____
STREET ADDRESS CITY, STATE, ZIP

Mailing Address: _____
(Provide only if different from above)

Date of Birth: _____ Phone: _____

Did you graduate? _____ Transfer? _____ Drop Out? _____ What Year? _____

I hereby authorize the custodian of school records for the Millville Public Schools, or his/her designated representative, to release only those records I have indicated to those individuals, schools/colleges, and/or prospective employers whose complete address(es) and reason(s) for the release have been supplied on the authorization form. This authorization is valid for the release of my records only as stipulated on the reverse and the release expires immediately upon release of the information. This authorization may be revoked if written request is received prior to the release of the information. Any future requests for release of information require completion of a new authorization form and presentation of the requested form(s) of identification. I understand that I am entitled to an unofficial copy of records and exercise this right by initialing here: _____

Email address (optional): _____

Signature

Date

*Other forms of identification: lease, cable, gas, or electric bill

Name and address of Institution, Employer, or School where records are to be sent:

Reason: _____

Type of records to be released (check all that apply):

- Transcript of Grades: 9 10 11 12 ALL
- Immunizations
- SAT
- ACT
- Letter Verifying Graduation (this is not proof of identification)
- Other (Specify) _____

Name and address of Institution, Employer, or School where records are to be sent:

Reason: _____

Type of records to be released (check all that apply):

- Transcript of Grades: 9 10 11 12 ALL
- Immunizations
- SAT
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