



CC: Student File  
Parent

\*Special Ed Department if records provided

### CONSENT FOR STUDENT RECORDS RELEASE

IRN # 044453

Student enrolling as:            Resident            Open Enrollment            Foster/Court Placed            Other

First day of enrollment at NCS \_\_\_\_\_

Name \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_

Previous School Information:

\_\_\_\_\_  
(Name of Previous School)

\_\_\_\_\_  
(Address of Previous School)

\_\_\_\_\_  
(City, State, Zip Code of Previous School)

The above named student has enrolled in the Newark City School District. Please forward all necessary records, including, but not limited to, the following items:

- IEP/ETR or 504 Plan (if applicable)
- Most recent report card
- Current class schedule
- Current grades at time of withdrawal
- All testing scores/information
- Assessment results for TGRG (K-3)
- Official transcript of grades and credits earned (high school students)
- Immunization records

Also include any additional information you feel would be helpful to NCS in the education of this student.

Please send records to:

\_\_\_\_\_  
(Name of Newark City School) / (Attention)

\_\_\_\_\_  
(Address of Newark City School and Fax)

\_\_\_\_\_  
(City, State, and Zip Code)

With the understanding that the district cannot assume responsibility of educational information disclosed, I authorize you to release education information regarding the above-named student in the manner indicated.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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