

STUDENT REGISTRATION FORM

**Alexandria Township School District
Alexandria Middle School
557 County Road 513
Pittstown, NJ 08867
908-996-6811**

Name: _____ **Grade:** _____

D.O.B.: _____ **Date Requested:** _____

Release of Confidential Student Records

As parent/guardian of the student named above, I hereby authorize the release of confidential information to Alexandria Middle School from:

School _____

Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Records to be included are:

- | | |
|---|---|
| <input type="checkbox"/> Transcripts | <input type="checkbox"/> Health Records |
| <input type="checkbox"/> Standardized Test Scores | <input type="checkbox"/> Other |
| <input type="checkbox"/> Behavior Records | |

Please mail all confidential information within 10 days of request to:

**Alexandria Middle School
557 County Road 513
Pittstown, NJ 08867
ATTN: Student Records**

Parent/Guardian Signature

Address

City State Zip

Date Received: _____

Phone No.: _____