

# RELEASE FORM FOR SCHOOL RECORDS

Please sign and submit with application.

I request that the school records of

\_\_\_\_\_

be forwarded to :

Califon School  
6 School Street  
Califon, New Jersey 07830

Please include the following records:

- Transcript and academic record
- Grades to date
- Attendance record
- Results of mandated assessment

\_\_\_\_\_  
Signature of Parent/Guardian