

St. Bartholomew School

RELEASE OF STUDENT RECORDS

Date: _____

Student's Name: _____

Grade: _____

Date of Birth: _____

Transferring from: _____

Name of School

Street Address

City, State, Zip

Telephone Number

I hereby authorize the release of the records/information checked below:

___ Health records, including immunization records

___ Scholastic Records/Report Cards

___ Results of Achievement Tests/Standardized Tests

___ Results of any other tests which may be of value to our school

___ Release of any Child Study Team Records

Please mail to:

St. Bartholomew School

470 Ryders Lane

East Brunswick, NJ 08816

Parent/Guardian Signature

Date

12/15/2025