

Bishop Schad Regional School
922 E. Landis Ave.
Vineland, NJ 08360
856-691-4490

RELEASE FOR SCHOOL RECORDS

Name of Student _____ Grade Entering _____

I give permission for _____ to release education, medical
(Name of Transferring School)
attendance, test scores and evaluation of social and personal assets to:

Bishop Schad Regional School.

Date _____

Signature of Parent or Guardian

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