



Califon Public School

"Making Their Lives Extraordinary"



Michele Cone Ed.D.
Chief School Administrator

Matthew Herzer
Business Administrator

CONSENT FOR RELEASE OF RECORDS

I hereby authorize _____
Name of School, Individual or Agency

Street address City State Zip

To release information concerning: _____
Students Legal Name Birthdate

Types of cumulative records to be release:

- Student Academic File
- Student Health File
- Child Study Team (if applicable)
- Other _____

Please forward records to: *Califon Public School*
6 School Street
Attn: Susan French-Gonzalez *Califon, NJ 07830*

Printed name of parent or legal guardian

Signature of parent or legal guardian

Date