



# St. Thomas the Apostle School

333 Highway 18, Old Bridge, NJ 08857

Fax: 732 251-5315

Telephone 732 251-4000 ext 8229

Advancement 732 251-4000 ext 8253

## TRANSFER **FROM** ST. THOMAS THE APOSTLE

### RELEASE OF STUDENT RECORDS

(Please print information)

Name of Pupil: \_\_\_\_\_ Grade: \_\_\_\_\_

Transferring To: \_\_\_\_\_

(School Name)

\_\_\_\_\_  
(Street/Town/Zip)

\_\_\_\_\_  
(Phone Number)

Current School: St. Thomas the Apostle School  
333 State Route 18 South  
Old Bridge, NJ 08857  
Attn: School Office

### AUTHORIZATION TO RELEASE PUPIL'S SCHOOL RECORDS

I hereby authorize the release of all school records of my child,

\_\_\_\_\_, including all psychological reports,  
health records, and standardized testing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

*Educating Minds and Hearts*





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