



ST. THOMAS THE APOSTLE

Highway 18, Old Bridge, NJ 08857 732-251-4812



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)

Last Day of Attendance at St. Thomas the Apostle School: _____

(Date)

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