



## Academic and Health Records Request

TO: PRINCIPAL/DIRECTOR OR OTHER ADMINISTRATOR  
FROM: OFFICE OF ADMISSION, THE ELISABETH MORROW SCHOOL

RE: \_\_\_\_\_ CURRENT GRADE: \_\_\_\_\_

The student named above will be enrolling at The Elisabeth Morrow School. Upon completion of the current academic year, please forward all the student's official academic and health records to allow us to create a new student record. Please include this form when sending any records. Thank you for your assistance.

- ☐ This student does not have **academic** records
- ☐ This student does not have **health** records

\*If the student does not have health or academic records, please feel free to notify us by email at [admissions@elisabethmorrow.org](mailto:admissions@elisabethmorrow.org).  
If you have any questions, please contact our office at (201) 568-5566 x7212.

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## Parent / Guardian Permission for Release of Academic and Health Records

I hereby authorize the release of \_\_\_\_\_'s academic and health records to The Elisabeth Morrow School. Please notify me if these records will require pick-up or whether they can be forwarded directly to the Office of Admission at the Elisabeth Morrow School via mail (435 Lydecker Street in Englewood, NJ 07631) or email ([admissions@elisabethmorrow.org](mailto:admissions@elisabethmorrow.org)).

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Signature of parent or guardian*

\_\_\_\_\_  
*Date*