



HEBREW ACADEMY OF MORRIS COUNTY

146 Dover Chester Road, Randolph, NJ 07869

973-584-5530

FAX 973-584-0602

AUTHORIZATION TO RELEASE RECORDS for students leaving HAMC

I, the parent/guardian of _____,
hereby authorize the Hebrew Academy of Morris County to release the following
information to:

Name of School _____

Address _____

- Academic Records
- Health Records
- Achievement Test Scores

In addition, I authorize HAMC to forward the following checked items:

_____ Teacher Feedback Form

_____ Child Study Team Reports/IEP

_____ other (please specify _____)

I understand that all of the above items will be sent directly to the school named above.

Parent's/Guardian's Name _____

Signature _____

Date _____