

**Lebanon Township School District  
CONSENT FOR RELEASE OF RECORDS**

1. I hereby authorize \_\_\_\_\_  
Name of School, Individual, or Agency

\_\_\_\_\_  
Street Post Office State Zip

To release information concerning:

\_\_\_\_\_  
Name of Student (Full Legal Name)

2. Type of record(s) to be released:

- Student Academic File
- Health File
- Child Study File (if applicable)

other; specify \_\_\_\_\_

3. Record(s) to be released to the following: Date sent:

Kindergarten to 4th grade: Valley View School  
400 Route 513 Main Office Phone # -908 832-2175  
Califon, NJ 07830 Fax # - 908 832-6280

5th grade to 8th grade: Woodglen School  
70 Bunnvale Road Main Office Phone # - 908 638-4111  
Califon, NJ 07830 Fax # - 908 638-8418

\_\_\_\_\_  
Date Signature of parent or legal guardian

**NOTE:** All material contained in the student's record is accessible to the student and/or the parent(s) subject to applicable policies of the Board of Education of Lebanon Township School District.