



Bishop Schad Regional School
922 E. Landis Ave.
Vineland, NJ 08360
856-691- 4490 www.bsrschool.us

RELEASE FOR SCHOOL RECORDS

Name of Student _____

Grade Entering _____

I give permission for _____ to release
(Name of Transferring School)

(Address of Transferring School)

educational, medical, attendance, test scores and evaluation of social and personal assets to: Bishop Schad Regional School.

Date _____

Signature of Parent or Guardian