

*(INCOMING STUDENTS)*

**New Milford Public Schools  
145 Madison Avenue  
New Milford, NJ 07646**

In compliance with the Family Education Rights and Privacy Act of 1974, it is necessary that we have your signed consent for the transfer of school records. These records include medical and educational records, test results and social data from your child's record folder.

Kindly sign below to designate your consent for the request of school records.

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Relationship to Student

**NAME OF STUDENT:**

\_\_\_\_\_

**DATE OF BIRTH:**

\_\_\_\_\_

**FORMER SCHOOL NAME:**

\_\_\_\_\_

**FORMER SCHOOL ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**HOME ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

**DATE SIGNED:**

\_\_\_\_\_

**DATE OF TRANSFER:**

\_\_\_\_\_