



MONTCLAIR PUBLIC SCHOOLS

OFFICE OF SPECIAL EDUCATION

22 VALLEY ROAD ~ MONTCLAIR, NEW JERSEY 07042

WWW.MONTCLAIR.K12.NJ.US

THOMAS SANTAGATO, MA. ED.

DIRECTOR OF PUPIL SERVICES

CONSENT FOR RELEASE OF RECORDS

I, _____
(Print Full Name)

Parent/Guardian of: _____ D.O.B.: _____
Consent to the records request by Montclair High School Child Study Team
(Receiving School District)

Of the results of the items checked:

Medical Examination _____ Educational Evaluation _____

I.E.P. _____ Neurological Evaluation _____

Psychiatric Evaluation _____ Psychological Evaluation _____

Social History _____ Counseling _____

All Special Education Records _____

Send Request To: _____

Parent/Guardian Signature: _____

Date _____