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*Recognized nationally by the United States Department of Education  
as a blue ribbon school for excellence in special education*

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Date: \_\_\_\_\_

I hereby authorize:

\_\_\_\_\_  
Name/Position/Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

to release and receive all information regarding \_\_\_\_\_  
Student's Name

with \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

12/2011

ALL rules and regulations regarding the rights and confidentiality of student records  
will be maintained in accordance with NJAC6:3-6.