



The Academy of Our Lady of Peace

99 South Street
New Providence, NJ 07974
(908) 464-8657

(Date)

(Former School Address)

Re: _____

Attention: School Office

The above mentioned student has registered for enrollment in our school Grade ____.

Kindly forward to the above address transcripts of scholastic records, IEP/ISP records, medical records and any adjustment problems that would be pertinent for class placement.

Your cooperation will be greatly appreciated.

Sincerely yours,

Mr. Joel A. Castillo
Principal

RECORD RELEASE AUTHORIZATION

I hereby give permission to forward the requested records of my son/daughter

_____ to The Academy of Our Lady of Peace.
(Student's Name)

(Parent Signature)

(Print Parent's Name)