



# 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,

Dr. Kelly Hart  
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)