

## **MORRIS HILLS REGIONAL DISTRICT**

## **REGISTRAR'S OFFICE**

Phone: 973-664-2295 Email: registrar@mhrd.org FAX: 973-201-2585

## Transfer of Records & Release Form

Student Name:			Grade:
(Last)	(First)	(Middle)	
Name and address of previous	school:		
Contact Name (Guidance/Reco			
<ul><li>✓ Grades of all complete</li><li>✓ Grades at the date of v</li></ul>	(listing all subjects, fi d terms of semesters vithdrawal Date w cores (please include /Referral Records	for the current year vithdrawn	warded, class rank and grading system) DA Scores if applicable, and College
-	ecords. Student reco		/legal guardian written consent to I upon receiving a written request from
weeks to the receiving district district. The school district al	t all information rega so is required to tran	arding disciplinary ac asfer information in	ettendance must provide within two ctions taken against the student by the the student's record regarding juvenile ed for the transfer to take place.
I hereby request the records c	hecked above to be r	eleased to the follow	ving school:
☐ Morris Hills High School 520 West Main Street Rockaway, NJ 07866 Attn: School Counseling		_	Morris Knolls High School 50 Knoll Drive Rockaway, NJ 07866 Attn: School Counseling
Parent/Guardian Signature			Date