



**SOMERDALE SCHOOL DISTRICT**  
**301 GRACE STREET**  
**SOMERDALE, NEW JERSEY 08083**

**Phone: (856) 783-6261**

**Fax: (856) 783-2607**

INFORMATION RELEASE FORM

We have received your transfer card for the following student:

NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_

Please release all original health, scholastic, psychological, discipline and any other pertinent information regarding this child at your earliest convenience.

**If a New Jersey State ID number was assigned for this student, please include with their files.**

We appreciate your cooperation in this matter.

Robert Ford  
Vice Principal

