

Sent _____
Rev'd _____

Student Records
Millville Public Schools
110 N. 3rd St., PO Box 5010
Millville, NJ 08332
(856) 327-6148 (Phone)
(856) 293-1077 (Fax)
janice.thomas@millvillenj.gov

PLEASE READ CAREFULLY:

Effective January 1, 2006, verification of identification for Social Security or the Motor Vehicle Commission CANNOT be supplied unless an individual is CURRENTLY enrolled in the Millville Public School System.

For all other requests, this form must be legibly completed in its entirety and returned with a copy of your current and correct driver's license, birth certificate, or Social Security card. Incomplete release forms or improper identification will cause this form to be returned to you and records will not be sent until all required information is furnished.

NOTE: Colleges, prospective employers, or governmental agencies will only accept official transcripts AND must be mailed from the Millville Public Schools directly to the college/employer/agency. Be certain the address(es) you provide are accurate and legible. ONLY THOSE RECORDS YOU INDICATE ON PAGE 2 WILL BE SENT.

Name:

_____	_____	_____	_____
First	M.I.	Maiden/Other	Last

Current Address:

Daytime Phone #: (____) _____ Date of Birth: ____/____/____ SSN: ____
/____/____

Year of Graduation or Departure: _____ Did you Graduate? _____ Transfer? _____
Dropout? _____

I hereby authorize the custodian of school records for the Millville Public School System, or his/her designated representative, to release only those records I have indicated to those individuals, schools/colleges, and/or prospective employers whose complete address(es) and reason(s) for the release have been supplied on this authorization form. This authorization is valid for the release of my records only as stipulated on the reverse and the release expires immediately upon release of the information. This authorization may be revoked if written

request is received prior to the release of the information. Any future requests for release of information require completion of a new authorization form and presentation of requested form of identification.

I understand that I am entitled to an unofficial copy of records and exercise this right by initialing here: _____

Signature
Revised 02/09/2006

Date

Name and address of Institution, Employer, or School where records are to be sent and reason for request:

Reason:

Type of Records to be Released (Check all that apply) NOTE: THERE ARE NO COPIES OF DIPLOMAS:

- Transcript of Grades 9 10 11 12 All
- Immunizations
- SAT
- Letter Verifying Graduation only (This is NOT proof of identification)
- Other (Specify) _____

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