

**Lawton C. Johnson Summit Middle School**

School Counseling Department

272 Morris Avenue

Summit, NJ 07901

Phone: 908-273-1190

Fax: 908-273-8320

FOR OFFICE USE ONLY	
Received by:	
Date:	
TRANSCRIPT & MATERIALS SENT	
Sent by:	
Date:	

**Private School Release Form**

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Counselor:** \_\_\_\_\_

- € Complete this form for each school in which you plan to apply.
- € Please bring this completed form, an envelope addressed to the institution, clip 1 first-class stamps to this form (do not place stamp or a return address on the envelope)
- € After completing the above steps, bring all materials to the School Counseling Office.

**NOTE:** Please allow at least 10 school days from the date the request is submitted for processing. This request to process your transcript should be given to your counselor only after you have submitted your application and checked that all supporting documents are on file.

Information Requested (check all that apply):	
<input type="checkbox"/> Official Transcript	
<input type="checkbox"/> School Profile	
<input type="checkbox"/> School/Counselor Report	
<input type="checkbox"/> Letters of Recommendation	
(list whose letters should be included)	<i>Date received (completed by office)</i>
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____
_____	<input type="checkbox"/> _____

*Please check this box if application is online*     *Please check this box if recommendation is online*

**I authorize that the records of the person named above be sent to:**

(Include the full name and title of person to receive transcript and/or name and address of receiving institution).

**Institution or Scholarship:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Application Deadline Date:** \_\_\_\_\_

**Release Provisions:** Federal law prohibits the release of pupil records without signed permission. NJ Administrative Code #6.3-2.6 states, "Organizations, agencies, and persons from outside the school shall have access to pupil records if they have written consent of parents or adult (age 18) pupils."

I have read the description of the law as written above and pursuant to that law hereby authorize the release of a transcript.

\_\_\_\_\_  
**Signature (Parent/Guardian if student is under 18 years of age)**