



# HARDING TOWNSHIP SCHOOL

*April H. Friedman  
Principal/Director of Curriculum*

## REQUEST FOR STUDENT RECORDS

Dear Colleague:

\_\_\_\_\_ has enrolled in grade \_\_\_\_ in the Harding Township School. Kindly forward all academic, health and Child Study Team/IEP if applicable records to Harding Township School at the address below. Thank you.

Regards,

April H. Friedman  
Principal/Director of Curriculum

Name of previous school: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

I do hereby authorize the release of academic/health/CST records regarding the above named pupil to the Harding Township School.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

Kindly remit to: Harding Township School  
PO Box 248, 34 Lee's Hill Road  
New Vernon, NJ 07976  
Attn: Eithne Howard, School Secretary  
973-267-6398, ext. 108  
ehoward@hardingtwp.org