



HOLY SAVIOR ACADEMY

149 South Plainfield Avenue, South Plainfield, NJ 07080 Ph: 908-822-5890 www.holysavioracademy.com

Transfer Records Release Form

Date: _____

This is to notify you that _____ (Student Name) has registered at **Holy Savior Academy** and will be entering **Grade** _____ for the **2026–2027 school year**.

Please release all records for the student listed above from:

Name of Current School: _____

School Address: _____

Town/City: _____ **State:** _____ **Zip Code:** _____

Authorization to Release Records

I hereby authorize you to forward **all documents pertaining to the above student** to Holy Savior Academy, including but not limited to:

- **Cumulative Records**
- **Health Records** (Immunization Form, A-45, etc.)
- **Guidance Records** (standardized test results, attendance records, report cards)
- **Child Study Team Records** (IEPs, speech services, evaluations, etc.)

This authorization is given in compliance with applicable state and federal laws governing the release of student records.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Please forward records to:

Holy Savior Academy % Main Office

149 South Plainfield Ave
South Plainfield NJ 07080
(908) 822-5890
dmccrskin@holysavioracademy.com