



## OAK HILL ACADEMY

• SINCE 1981 •

### AUTHORIZATION FOR RELEASE OF CUMULATIVE RECORDS

In accordance with the "Family Educational Rights and Privacy Act of 1974" (PL93-380), I hereby authorize the release of all scholastic and medical records for \_\_\_\_\_ to the above named school:

Name of current school: \_\_\_\_\_

Address of current school: \_\_\_\_\_

\_\_\_\_\_  
Date

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

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PLEASE RETURN THIS PORTION WITH THE RECORDS TO:

Oak Hill Academy  
347 Middletown-Lincroft Road  
Lincroft, New Jersey 07738

\_\_\_\_\_  
Date

Child's Name: \_\_\_\_\_

The above named child (children) has (have) been registered in Oak Hill Academy for the \_\_\_\_\_ school year. In order to facilitate proper placement, we would appreciate it if you would send us any scholastic, medical, and psychological records you may have. Your prompt attention to our request is greatly appreciated.

Very truly yours,

Joseph A. Pacelli  
Headmaster