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## **Release of Records Form**

Date of Request:	Grade or Year of Graduation:
Student Name:	DOB:
Address:	
City, State & Zip Code:	
I hereby authorize: Burlington County Institute	of Technology
Westampton Campus	Medford Campus
To release the following child study team records	s:
Current IEP	Progress Reports
Psychological Report	Speech Report
LDTC Report	Social Work Report
Other: (Please specify)	
If you would like this mailed please provide you	ir address below and email a copy of
your driver's license with this form to nriccitello	o@burlcoschools.org:
Name:	
Address:	
City, State & Zip Code:	
By signing below, I hereby certify that I am the p listed above:	parent, guardian, legal representative, or adult student
Signature	Date