



Burlington County Institute of Technology
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Discover Your Potential

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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:

Current IEP _____

Progress Reports _____

Psychological Report _____

Speech Report _____

LDTC Report _____

Social Work Report _____

Other: (Please specify) _____

If you would like this mailed please provide your address below and email a copy of your driver's license with this form to cjurkowitsch@burlcoschools.org:

Name: _____

Address: _____

City, State & Zip Code: _____

By signing below, I hereby certify that I am the parent, guardian, legal representative, or adult student listed above:

Signature

Date