



# North Hunterdon- Voorhees Regional School District

## DEPARTMENT OF GUIDANCE

### Request for Records / Consent to Release Student Information

**North Hunterdon HS  
Guidance Office**

1445 Route 31  
Annandale, NJ 08801  
908-713-4130  
fax: 908-735-6608

**Voorhees High School  
Guidance Office**

256 County Road 513  
Glen Gardner, NJ 08826  
908-638-2130  
fax: 908-638-6355

**Director of Guidance:**  
Michael Squarcia

**Guidance Counselors:**

Kristin Baratta  
Steven DeLorenzo  
Jean DiSalvio  
Ann Fresoli  
Megan Grilli-DeRobbio  
Vicki Kellum  
Beth Nemeth  
Ronald Niznik  
William Robaey  
Tiffany Slowinski  
Theresa Soda  
Kelli Steele  
Brian Strauss

**Student Assistance Counselors:**

Jeffrey Hunt  
Tara Kraatz

**Secretaries:**

Nancy Fisher  
Irene Greulich  
Vivian Prado  
Mary Turkus

**Registrar:**

Karen Insel  
908-713-4199 x5450

**TO:** \_\_\_\_\_  
(Name of former school)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Fax # (required):** \_\_\_\_\_

Please provide information from the educational records of:

**Student Name:** \_\_\_\_\_

to the North Hunterdon-Voorhees (NHV) Regional High School District.  
Please include an explanation of grading system (if letter grades, please give numerical equivalent).

**The information requested under this Consent is (please initial on lines):**

\_\_\_ all records (scholastic, attendance, discipline, demographic, health, IEP/504)

OR:

\_\_\_ scholastic records – official transcript, grades, standardized testing

\_\_\_ attendance and discipline records

\_\_\_ demographic information, including birth certificate or passport

\_\_\_ health records, including immunizations

\_\_\_ if applicable: IEP/Child Study Team/Special Education/504 records

\_\_\_ other (specify) \_\_\_\_\_

**Please send records to:**

\_\_\_\_\_ Guidance Office  
fax: 908-735-6608  
North Hunterdon HS  
1445 Route 31  
Annandale, NJ 08801

\_\_\_\_\_ Guidance Office  
fax: 908-638-6355  
Voorhees High School  
256 County Road 513  
Glen Gardner, NJ 08826

*I hereby authorize the release of records to be used for the purpose of high school registration. I understand the information may be released orally or as copies of written records. I have a right to inspect any written records released pursuant to this Consent. I understand I may revoke this Consent by providing written notice. I further understand that until this revocation is made, this Consent shall remain in effect and my educational records will continue to be provided to the NHV Regional High School District for the purpose described above.*

\_\_\_\_\_  
**Signature of parent/guardian**

\_\_\_\_\_  
**Date**