



# MONTCLAIR PUBLIC SCHOOLS

**DEPARTMENT OF PUPIL SERVICES**  
22 VALLEY ROAD ~ MONTCLAIR, NEW JERSEY 07042  
WWW.MONTCLAIR.K12.NJ.US

**SHIVOYNE A TRIM, PSY.D**  
*Director of Pupil Services*

## CONSENT FOR RELEASE OF RECORDS

I, \_\_\_\_\_

**Parent/Guardian**  
of \_\_\_\_\_

am requesting school records pertaining to Special Education as noted below:

<b>Medical Examination</b>	_____	<b>Psychological Evaluation</b>	_____
<b>Social History</b>	_____	<b>Educational Evaluation</b>	_____
<b>Neurological Evaluation</b>	_____	<b>Psychiatric Evaluation</b>	_____
<b>I.E.P.</b>	_____	<b>Audiological</b>	_____
<b>Speech Evaluation</b>	_____	<b>Occupational/Physical Therapy</b>	_____
<b>All Records</b>	_____	<b>Other</b>	_____

**Send Request to:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

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