

MONMOUTH COUNTY VOCATIONAL SCHOOL DISTRICT

4000 Kozloski Road, PO Box 5033

Freehold, NJ 07728-5033

PERMISSION TO RELEASE PUPIL INFORMATION

Name _____ Telephone # _____

Address _____
Street City State Zip

Program School Attended _____

Date Entered Program _____ Date Left Program _____

Vocational Building _____

I, the undersigned hereby give my permission to release the following information:

- _____ Transcript
- _____ Verification of Enrollment
- _____ Letters of Recommendation
- _____ Other (*please specify*)
- _____
- _____

Please send this information to the following agencies and/or designated parties:

Name *Address*

Name *Address*

Signature *Date*