



# KINGSWAY REGIONAL SCHOOL DISTRICT

Guidance Office  
201 Kings Highway  
Woolwich Township, NJ 08085-9653

## REQUEST FOR TEST SCORES/HEALTH RECORD RELEASE

You may mail, fax, or email your signed form.

### Please print all information:

Name \_\_\_\_\_  
Last First Middle/Maiden (include all former names)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Year of Graduation/Last Year of Enrollment \_\_\_\_\_

### Check all applicable items:

- Test Scores
- Health Records

### Check how you would like the transcript to be sent:

Mailing address:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Fax (\_\_\_\_) \_\_\_\_\_  
Number

I will pick it up.

- Please call the Guidance Office in advance to schedule a day to pick up.
- Medical record requests require 48 hours for processing.

**Authorization:** I do hereby authorize Kingsway Regional High School to release my information according to the directions above.

\_\_\_\_\_  
Signature Date

Office Use Only

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By: \_\_\_\_\_

- Mailed  Emailed
- Faxed  Pick up

Phone: (856) 467-3300 x4210

Fax: (856) 241-1932

Email: [minotc@krsd.org](mailto:minotc@krsd.org)