

RECORD RETENTION

Student Last Name

Student First Name

Date of Birth

This is to certify that I have been notified by Summit High School of the provisions of The New Jersey Administrative Code 6A:32-7.8 Retention and Destruction of Pupil Records and hereby give my permission to destroy any information that is no longer considered necessary to provide educational services.

Copies of student records will be provided upon request. They must be picked up in the School Counseling office between **July 8th - August 30th**. You must call ahead (908-273-3414) so that they can be prepared. The cost for reproduction of records is \$3.00 per student – CASH ONLY.

I have read and agree to the above terms:

Signature of parent/guardian (if student is not 18 years old)

Date

Signature of student (if 18 years or older)

Date

**PLEASE RETURN THIS FORM TO THE SCHOOL COUNSELING OFFICE
BY MAY 24, 2024**