



# THE WILSON SCHOOL

271 BOULEVARD, MOUNTAIN LAKES, NJ 07046

PHONE 973-334-0181 FAX 973-334-1852

## Request for Permanent School Records

Student's Name: \_\_\_\_\_

Name and Address of Student's Present School:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward the academic transcript, standardized test scores, IQ scores, IEP's, psychological reports and report cards of the above-named student to:

Admissions Office  
The Wilson School  
271 Boulevard  
Mountain Lakes, NJ 07046

You are hereby authorized to release all information requested by The Wilson School regarding my child's academic and personal records. Your prompt compliance would be greatly appreciated.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date