

**GUIDANCE OFFICE**  
**CEDAR GROVE HIGH SCHOOL**  
**90 RUGBY ROAD**  
**CEDAR GROVE, N.J. 07009**  
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Telephone: 973-239-6400

Fax: 973-857-9833

***AUTHORIZATION FOR RELEASE OF INFORMATION***

To continue to maintain confidentiality of all student records this form must be completed when requesting records for students who have previously attended CGHS. Requests cannot be processed unless this form is on file in the Guidance Office.

Name: \_\_\_\_\_  
(Last—include maiden name) (First)

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

I authorize the Guidance Department to release copies of:

Transcript [ ] SAT/ACT Scores [ ] Medical Records [ ]

Other [ ] (please specify) \_\_\_\_\_

Please send a copy of the above checked to:

College/Employer/Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

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