



Little Falls Township Public Schools

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Tracey Marinelli
Superintendent

Date: _____

TO: _____

Previous School

Address

Address

Phone

RE: Obtain/Release Records for: _____
Student(s)

Grade: _____
Previous Grade

I hereby give my permission for the Little Falls Township Public School District to obtain all pertinent school data, including permanent records, health records, academic, social, psychological records, etc. and for said records to be released to:

Ms. Dana Sprague
Principal
School No. 1
32 Stevens Avenue
Little Falls, NJ 07424

Mrs. Jill Castaldo
Principal
School No. 2
78 Longhill Road
Little Falls, NJ 07424

Mrs. Elba Castrovinci
Principal
School No. 3
560 Main Street
Little Falls, NJ 07424

Signature of Parent/Guardian _____