



Records Request Form

Sections highlighted in yellow must be completed

Student Information

Last Name _____ First Name _____ Middle Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____ Female Male

Previous School

Name of School _____ Public Private

Street Address _____

City _____ State _____ Zip _____

*School Phone Number _____

*School FAX Number _____

*School Contact Email Address _____

Last Day Student Attended _____ Does student have an IEP or 504 plan: IEP 504

Official Records To Be Released

Grades/Transcript - District/State Assessments
NJ Medical Form A45 or Medical/Immunization Records
Special Education Records – Disciplinary Records

*10 Digit NJ State ID (if applicable): _____ Is student in an ESL/Bilingual Program? Yes No

I hereby give permission for release of the above records and for the school district to contact my child's former district for further information. In addition to the release of the above records to which you consent, the prior District will be releasing the following mandated records for which your consent is not required: transcript of grades, health records, attendance records, child study team records and disciplinary records pursuant to N.J.A.C. 6:3-6.5.

Signature of Parent/Guardian _____

Date _____

Office Use Only

Send Record Information to:

Requested By:

Date: