



# Livingston Public Schools

11 Foxcroft Drive - Livingston, New Jersey 07039

## Records Request Form

### 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 \_\_\_\_\_

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

### Official Records To Be Released

Grades/Transcript - District/State Assessments - Medical/Immunization Records  
Special Education Records – Disciplinary Records

NJ State ID: \_\_\_\_\_ 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: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Date Received: \_\_\_\_\_