

**CLEMENTON ELEMENTARY SCHOOL
4 AUDUBON AVENUE
CLEMENTON, NJ 08021
PHONE: (856) 783-2300 ~ FAX: (856) 783-8929**

REQUEST FOR PUPIL RECORDS

TO SCHOOL DISTRICT:

PHONE: _____

FAX: _____

Please forward the following records for the student named below, who has transferred into our school district:

- NJ Smart Number _____
- All Mandated, Permitted Pupil Records _____
- Discipline Records _____
- Health Records _____

ATTENTION CHILD STUDY TEAM:

- Child Study Team Evaluations, if applicable _____
- Related Services if applicable (i.e. Speech, OT, PT, 504 Plan, etc.) _____

Your immediate attention regarding this request will be greatly appreciated.

Sincerely,

Mrs. Kathleen Haines

Superintendent

NOTE: According to Federal Regulations, Family Education Rights and Privacy Act (Buckley Amendment), a school system does not need written consent to release student records to another school for the purpose of enrollment. See Federal Register, June 17, 1976, part of II, HEW Privacy Rights to Parents and Students, Vol. 41, No. 118-24673.
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AUTHORIZATION TO RELEASE PUPIL RECORDS:

I have enrolled my child in the Clementon Elementary School and I hereby authorize you to release all Mandated, Permitted Pupil Records, Child Study Team Evaluations, Discipline Records, and Health Records to this school.

STUDENT'S NAME

GRADE

DATE OF BIRTH

SIGNATURE OF PARENT/GUARDIAN

DATE