

**SCOTCH PLAINS-F ANWOOD PUBLIC SCHOOLS**  
**SCOTCH PLAINS, NEW JERSEY**

**REQUEST FOR RELEASE OF PUPIL RECORDS**

Name of Pupil \_\_\_\_\_ Date of request \_\_\_\_\_

Name of Parent \_\_\_\_\_

School in which pupil was last enrolled \_\_\_\_\_

I hereby request and give consent that all information and reports concerning my child be sent to:

\_\_\_\_\_  
Signature of Parent  
(per Board of Education Rules & Regulations)

Permanent Record (per Section 4.4 of Rules & Regulations)  
(available through school)

Child Study Team Records  
(available through Office of Pupil Services)

Discipline Records

Other \_\_\_\_\_  
\_\_\_\_\_

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**NOTIFICATION OF RELEASE OF PUPIL RECORDS**

Dear \_\_\_\_\_:

On \_\_\_\_\_, pupil records for your son/daughter were released as requested above.

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Date