

SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS
SCOTCH PLAINS, NEW JERSEY

REQUEST FOR RELEASE OF PUPIL RECORDS

Name of Student _____ Date of request _____

Name of Parent _____

School in which student is enrolled _____

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

NAME OF SCHOOL: _____

ADDRESS: _____

ATTENTION: _____

Parent Signature

- Permanent Record (per Section 4.4 of Rules & Regulations)
- Child Study Team Records (available through Office of Pupil Services)
- Discipline Records
- Other _____

NOTIFICATIONS OF RELEASE OF PUPIL RECORDS

Dear _____:

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

Signature of School Administrator

Date