



WALL TOWNSHIP PUBLIC SCHOOLS TRANSFER OF RECORDS REQUEST

Transferring From: _____

Date: _____

School: _____

Address: _____

Student: _____ D.O.B. _____

Address: _____

Please forward school information including school discipline, standardized test scores, report cards, progress reports and health records for the above named students who has enrolled in _____ grade of the Wall Township Schools to:

School: _____

Address: _____

I authorize the release of all permitted (if applicable, child study team records) of the above named student to the Wall Township Schools.

Date: _____

Signature of Parent/Guardian: _____

Relationship to Student: _____