



Transfer of Student Records

Student's Name: _____

Date of Birth: _____

My child has enrolled in Grade _____ at Union Catholic High School and I authorize the release of:

- All academic and school records
- Original A-45 immunization record
- Child Study Team Evaluations, IEP/ISP, 504 or Accommodations Plan if applicable

Parent's Name: _____

Parent's Signature: _____

Name of School Student currently attends: _____

School Address: _____

The above named student has requested that you forward an official transcript and all pertinent health and school records to us. Please include the credit value for each subject taken (if applicable), standardized test results, and any other information which will assist is in counseling.

Thank you for your time and cooperation.

Meg Nuwer
Director of Student Support Services
mnuwer@unioncatholic.org
908-889-1600 ext. 318

Records may be sent as follows:

Mail: Union Catholic High School
Attn: Meg Nuwer
1600 Martine Avenue
Scotch Plains, NJ 07076
Email: mnuwer@unioncatholic.org
Fax: 908-889-1615
Mail or Email are preferred.