South Orange & Maplewood School District

525 Academy Street, Maplewood, New Jersey 07040

Official Records Request Form

Please Print

Student Information

Last Name	First Name	Middle Name

Street	City	State	Zip	Date of Birth

Place of Birth ☐ USA ☐ Other Country: _____

Languages Spoken at Home ☐ English ☐ Other _____

Previous School

_____
Name of the School

_____
Street Address

_____
City State Zip

_____ _____
Telephone Number Fax Number

_____
School Email Address

__/__/__ _____ ☐ Public ☐ Private
Date Left Last Grade Attended

Entering School -- Send Information To

Records To Be Released

- New Jersey State ID
  _____
- Grades/Transcript Information
- District & State Assessments
- Special Education Records
- Disciplinary Records

Is student in an ESL or a Bilingual program?
☐ Yes ☐ No

Has student ever been referred for Special Education Services?
☐ Yes ☐ No

If yes, please indicate the specific classification, if any:
_____

Comments

_____ _____
_____ _____

Office Use Only

_____	_____	_____	_____
Requested By	Request Date	Received By	Received Date

I hereby give my permission for release of the above records and for the school district to contact my child's former district for further information. *

_____ _____ _____
Signature of Parent/Legal Guardian (circle one) Signature of Student (18 or above) Date

*In addition to the release of the above records to which you consent, the prior District will be releasing the following mandated records for which your consent is not required: transcript of grades, health records, attendance records, child study team records and disciplinary records pursuant to N.J.A.C. 6:3-6.5.