

**PENNSAUKEN PUBLIC SCHOOL
ADMINISTRATION OFFICES**

1695 Hylton Road
Pennsauken NJ 08110
(856)-662-8505

REQUEST FOR OFFICIAL RECORDS

DATE OF REQUEST: _____ Sent via () Mail () Fax () E-mail ()

PREVIOUS SCHOOL: _____

NAME OF SCHOOL DISTRICT: _____

PREVIOUS SCHOOL ADDRESS: _____

STREET

CITY

STATE

ZIP

PHONE: _____ FAX: _____

Student: _____	Grade: _____
Has enrolled in: _____	

PLEASE SEND US THE FOLLOWING RECORDS:

1. TRANSCRIPT (or cumulative record) of academic work including an explanation of your grading system
2. GRADES from classes presently in progress
3. STANDARDIZED TEST RESULTS (including the NJASK, 3, 4, 5, 6, 7: GEPA, or HSPA)
4. ATTENDANCE and other administrative information
5. HEALTH RECORDS (Medical and Immunizations)
6. DISCIPLINE RECORDS
7. **SPECIAL EDUCATION RECORDS (Request will be sent under separate cover from Student Support Services. Do not forward with above request records)**

PLEASE FORWARD THE ABOVE RECORDS TO:

School: _____

Address: _____

Attn: _____

Phone: _____ Fax: _____

We appreciate your immediate attention to this request. The records are needed to make an accurate educational placement. If more than one department is involved, please forward this request to that department.

Signature of Parent or Guardian

Relationship to Student

Date