

PENNSAUKEN PUBLIC SCHOOL

Student Support Services

(856) 662-8500 ext. 5247

(856) 910-2623 (fax)

REQUEST FOR SPECIAL EDUCATION OFFICIAL RECORDS

DATE OF REQUEST _____ sent via: mail (___) fax (___) email (___)

PREVIOUS SCHOOL _____

NAME OF PREVIOUS SCHOOL DISTRICT _____

PREVIOUS SCHOOL ADDRESS _____

(City) _____ (State) _____ (Zip Code) _____

PHONE _____ FAX _____

STUDENT:	GRADE:
HAS ENROLLED IN:	

PLEASE SEND US THE FOLLOWING SPECIAL EDUCATION RECORDS

- | | |
|-----------------------------|---|
| 1. Psychological Evaluation | 6. Psychiatric Evaluation |
| 2. Social Evaluation | 7. Speech Evaluation |
| 3. Learning Evaluation | 8. Individualized Education Program (IEP) |
| 4. Eligibility Conference | 9. Health Records |
| 5. Neurological Evaluation | 10. Other |

PLEASE FORWARD THE ABOVE SPECIAL EDUCATION RECORDS TO:

Pennsauken High School
Student Support Services
800 Hylton Road
Pennsauken, NJ 08110

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

Signature of Parent/Guardian

Relationship to Student

Date