



WALL TOWNSHIP PUBLIC SCHOOLS
TRANSFER OF RECORDS REQUEST

Date: _____

Transferring From:

School: _____

Address: _____

Student: _____ D.O.B. _____

Address: _____

Please forward school information/records, including but not limited to **Cumulative Record, Academic Transcript/Grade Reports, Attendance Records, Disciplinary Records, Health/Medical Records, Special Education Records, ML Records, and Standardized Test Scores**, that are required for professional use to the school/agency listed below for the above named students who has enrolled in the ____ grade of Wall Township Public 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.

Signature of Parent/Guardian: _____

Relationship to Student: _____

Date: _____