MANASQUAN SCHOOL DISTRICT
169 BROAD STREET
MANASQUAN, NJ 08736
Office of School Counseling Services

Request for Transfer of Records

_____ _____
Former School Date

_____ _____
Address Grade

_____ _____
City, State, and Zip Code NJSMART State ID Number (if known)

_____
School Phone Number

As the Parent/Guardian of_____, I am authorizing **the school listed below** to request all academic and health records for my child from **the school listed above**.

☐ Manasquan High School
167 Broad Street
Manasquan, NJ 08736
Attn: School Counseling Office

Phone: 732-528-8820 x1010
Fax: 732-528-8143

☐ Manasquan Elementary School
168 Broad Street
Manasquan, NJ 08736
Attn: Main Office

Phone: 732-528-8810 x2000
Fax: 732-223-9736

Please send the following information to the attention of the school checked above:

1. Cumulative Academic Records (including current grades)
2. Educational Test Results
3. Health Records
4. Transfer Card
5. Confidential Files (example - IEP, behavior plan)
6. Other Pertinent Data_____

Thank you for your prompt attention to this matter.

_____ _____
Parent/Guardian (Print) Parent/Guardian (Sign)