# Roxbury Township Public Schools
## www.roxbury.org

## REQUEST FOR STUDENT RECORDS

Date: _____

Pupil's Name: _____
Birth Date: _____ Grade: _____

Name of School Pupil Attended: _____
Address: _____

The above student has enrolled in our school. Please send all school records (transcripts, test results such as ACCESS & WIDA Screener scores for MLs, ACT, PARCC, Renaissance, SAT) including medical, special services (IEP/504), discipline, psychological test records, and future course projections and/or teacher recommendations for following school year to:

| | Attending School | Address | Phone |
|---|---|---|---|
| | Franklin Elementary School | 8 Meeker Street<br>Succasunna, NJ 07876 | (973) 584-5549 |
| | Jefferson Elementary School | 35 Cornhollow Road<br>Succasunna, NJ 07876 | (973) 584-8955 |
| | Kennedy Elementary School | 20 Pleasant Hill Road<br>Succasunna, NJ 07876 | (973) 584-3938 |
| | Nixon Elementary School | 275 Mt. Arlington Blvd.<br>Landing, NJ 07850 | (973) 398-3341 |
| | Lincoln Roosevelt School | 34 North Hillside Avenue<br>Succasunna, NJ 07876 | (973) 584-4331 |
| | Eisenhower Middle School | 47 Eyland Avenue<br>Succasunna, NJ 07876 | (973) 584-2973 |
| | Roxbury High School | 1 Bryant Drive<br>Succasunna, NJ 07876 | (973)584-1200 |

### AUTHORIZATION TO RELEASE PUPIL'S RECORDS

I have enrolled my child, _____, in the above-named school. I hereby, authorize the release of all records to this school. I understand that these records are confidential and will be used by authorized personnel only.

_____
Parent/Guardian Signature