



# WOODBRIIDGE TOWNSHIP SCHOOL DISTRICT

P. O. Box 428, School Street - Woodbridge, New Jersey 07095

DATE: \_\_\_\_\_

To whom it may concern,

\_\_\_\_\_ is now enrolled in the  
Woodbridge Township School District.

Please send the following information to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- ☐ Academic Records
- ☐ Health Records
- ☐ NJ schools please send permanent Health Record (Original A45)
- ☐ Achievement Test Results
- ☐ Confidential Reports (IEP)
- ☐ Child Study Team Records
- ☐ Discipline Records

Thank you for your prompt attention to filling in this request.

Sincerely,

\_\_\_\_\_  
Principal

\*\*\*\*\*TO BE FILLED BY PARENT\GUARDIAN\*\*\*\*\*

I give permission for the school listed below to release the records of \_\_\_\_\_:  
(Student's Name)

\_\_\_\_\_  
(Former School)

\_\_\_\_\_  
(Former School Address)

\_\_\_\_\_  
(Former School City, State, Zip Code)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_