

REQUEST FOR STUDENT RECORDS

Student Name:		
Current Grade:	D0	B:
Previous School A	ttended:	
Address:		
New School (if lea	ving district):	
Address:		
The student name forward all reque	_	Oceanport Public School District. Please
	Maple Place School 2 Maple Place Oceanport, NJ 07757 Attn: School Secretary	
Please include:	Permanent Records and Grades Results of Standardized Testing Child Study Team Records (If an Health Records Transfer Card Discipline Records Attendance Records	
	n to the student named above, by a and all information requested.	completing this form, I give permission for
 Signature of Pare	 nt/Guardian	 Date