



**Plumsted Township School District**

**CHILD STUDY TEAM REQUEST FOR RECORDS**

Has your child ever been referred to and/or tested by a Child Study Team?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child ever been classified as a Special Education Student?

Yes \_\_\_\_\_ No \_\_\_\_\_

**If either answer is yes, complete the information below.**

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To Whom It May Concern:

School \_\_\_\_\_

I hereby give permission to release any Special Education Documents to the Plumsted Township Child Study Team concerning my child.

**Send to:**  
Mrs. Lynn Kukoda  
115 Evergreen Road  
New Egypt, NJ 08533

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date