



Plumsted Township School District

STUDENT RECORD REQUEST FORM

Student's Name

Student's DOB

Grade Level

School Name

School Address

Date of Withdrawal

School Phone #

School Fax #

I hereby authorize the Plumsted Township School District to obtain all of the information listed below concerning the education of my child listed above. I certify that all information provided is true to the best of my knowledge.

Signature of Parent/Legal Guardian

Date

Pursuant to public law regarding regulating the release of school records, we as officials of the Plumsted Township School District are requesting all of the following student records for the above listed student:

- Student Transfer Card
Birth Certificate
Transcript of Academic Record
Standardized Test Results
Report Cards
Grades at Time of Withdrawal
Attendance Records
Discipline Records
Health/Immunization Records
Special Education Records, if applicable
Section 504 Plan, if applicable
I&RS/RtI Plan, if applicable

Please forward all requested information to the school circled below. Your timely response is greatly appreciated.

Table with 4 columns: New Egypt Primary School, Dr. Gerald H. Woehr Elementary School, New Egypt Middle School, New Egypt High School. Each column contains school name, grades, address, and contact info.

OFFICE USE ONLY:

Date of Initial Request: Second Request Date: Third Request Date: