



EAST GREENWICH TOWNSHIP SCHOOL DISTRICT

Andrea Evans, Superintendent

Gregory Wilson, Business Administrator

REQUEST FOR ACADEMIC AND HEALTH RECORDS

School: _____ Date: _____
Address: _____
City: _____
State & Zip Code: _____

To Whom It May Concern:

The student/students listed below have registered in the East Greenwich Township School District. Please forward a complete transcript of the student's scholastic records, test results, health and confidential records, including Child Study Team records to the school indicated.

Student's Name	Birth Date	Grade
_____	_____	_____
_____	_____	_____
_____ Jeffrey Clark School 7 Quaker Road Mickleton, NJ 08056		_____ Samuel Mickle School 559 Kings Highway Mickleton, NJ 08056

If you have any questions, please feel free to contact me. Thank you for your cooperation and prompt attention to this matter.

Sincerely,

Ann Marie Elliott
Transportation Coordinator & Registrar
856-423-0412, extension 1305
elliotta@eastgreenwich.k12.nj.us

AUTHORIZATION TO RELEASE STUDENT'S RECORDS

I give permission for the release of all records including academic, health, confidential and Child Study Team records pertaining to my child to the East Greenwich Township School District.

Parent/Guardian Signature: _____ Date: _____