

Roxbury Township Public Schools

www.roxbury.org

REQUEST FOR STUDENT RECORDS

Date: _____

Pupil's Name: _____

Birth Date: _____ Grade: _____

Name of School Pupil Attended: _____

Address: _____

The above student has enrolled in our school. Please send all school records (transcripts, test results such as ACCESS & WIDA Screener scores for MLs, ACT, PARCC, Renaissance, SAT) including medical, special services (IEP/504), discipline, psychological test records, and future course projections and/or teacher recommendations for following school year to:

	Attending School	Address	Phone
	Franklin Elementary School	8 Meeker Street Succasunna, NJ 07876	(973) 584-5549
	Jefferson Elementary School	35 Cornhollow Road Succasunna, NJ 07876	(973) 584-8955
	Kennedy Elementary School	20 Pleasant Hill Road Succasunna, NJ 07876	(973) 584-3938
	Nixon Elementary School	275 Mt. Arlington Blvd. Landing, NJ 07850	(973) 398-3341
	Lincoln Roosevelt School	34 North Hillside Avenue Succasunna, NJ 07876	(973) 584-4331
	Eisenhower Middle School	47 Eyland Avenue Succasunna, NJ 07876	(973) 584-2973
	Roxbury High School	1 Bryant Drive Succasunna, NJ 07876	(973)584-1200

AUTHORIZATION TO RELEASE PUPIL'S RECORDS

I have enrolled my child, _____, in the above-named school. I hereby, authorize the release of all records to this school. I understand that these records are confidential and will be used by authorized personnel only.

Parent/Guardian Signature