

Records Request Form - Elementary School, Kindergarten through Grade 5

Sections highlighted in yellow must be completed

Student Information	
Last NameFirst Name_	Middle Name
Address Cit	yStateZip
Home Phone Date	of Birth 🗆 Female 🛛 Male
Previous School	
Name of School	Public
Street Address	
City	State Zip
*School Phone Number	
*School FAX Number	
*School Contact Email Address	
Last Day Student Attended	Does the student have an IEP or 504 plan: \Box IEP \Box 504
Official Records To Be Released Grades/Transcript - District/State Assessments NJ Medical Form A45 or Medical/Immunization Records Special Education Records – Disciplinary Records	
*10 Digit NJ State ID (if applicable):	Is the student in an ESL/Bilingual Program? Yes No
I permit the release of the above records and for the school district to contact my child's former district for further information. In addition to the release of the above records to which you consent, the prior District will be releasing the following mandated records for which your consent is not required: transcript of grades, health records, attendance records, child study team records, and disciplinary records according to N.J.A.C. 6:3-6.5.	
Signature of Parent/Guardian	Date
FOR OFFICE USE ONLY: Please send records to the school marked below: Burnet Hill Elementary School Harrison Elementary School	

Filona Leechow <u>fleechow@livingston.org</u> Fax: 844-372-5367

Collins Elementary School Nancy Meehan <u>nmeehan@livingston.org</u> Fax: 844-880-0824 Harrison Elementary Schoo Michelle Peters <u>mpeters@livingston.org</u> Fax: 844-880-0823

Hillside Elementary School Jennifer Schroeder jschroeder@livingston.org Fax: 844-880-0104 Mt Pleasant Elementary Schoo Nicole Soutar <u>nsoutar@livingston.org</u> Fax: 844-861-3001

Riker Hill Elementary School Michelle DiStasio <u>mdistasio@livingston.org</u> Fax: 844-861-2995

Date sent by LPS_