

*Assumption Regional Catholic School*

146 S. Pitney Rd.  
Galloway, NJ 08205  
609-652-7134  
Fax: 609-652-2544

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**REQUEST FOR STUDENT RECORDS**

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

Address \_\_\_\_\_

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

The above student has enrolled in Assumption Regional Catholic School. Permission has been granted by the parent/guardian for the release of all records to our school that pertain to the student.

Please forward to my attention the following:

1. Cumulative or Permanent Records
2. Health Cards
3. Verification of Grade Placement
4. Child Study Team Records
5. Remedial Service Records
6. Confidential Information

Thank you for your attention and cooperation.

Sincerely,

Mary Ellen Schurtz  
Principal

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I have enrolled \_\_\_\_\_ in Assumption Regional Catholic School  
Student name  
effective \_\_\_\_\_, and authorize you to release all records pertaining to my child.  
date

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Name of former school                      Address                      City/State

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Parent/Guardian signature                      Date