



Office of the Superintendent
 Long Branch Public Schools
 540 Broadway, Long Branch, New Jersey 07740

"Together We Can, Juntos Nós Podemos, Juntos Podemos"

REQUEST FOR STUDENT RECORDS

Student: _____ Grade: _____ Date of Birth: _____ State ID#: _____

REQUEST FOR STUDENT RECORDS

Last School Attended

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School Address

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City

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State

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Date Last Attended

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School Phone Number

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[DD-MM-YYY]

The above student has been registered in the Long Branch Public School District, please forward all academic/health (original A45 form), IEP and Special Placement Information records concerning this student to the school specified below.

***FOR OFFICE USE ONLY:**

School Name: _____ Address: _____ Phone Number: _____ Fax: _____ Attention: _____

As a legal guardian to the student named above, by completing this form, I give permission for the release of any and all information requested.

Signature of Parent/Guardian

Date