



Grover Cleveland Middle School
Guidance Office
36 Academy Road
Caldwell, NJ 07006
Tel: 973-228-1994 / Fax: 973-830-2169

REQUEST FOR RECORDS

Date: _____

To: _____

Dear Records Official:

The following student has enrolled at Grover Cleveland Middle School:

Student Name: _____ Current Grade: _____

Please send the following information:

- Cumulative Records
- Health Records
- Special Education Records (if any)
- Psychological Evaluations
- Social Assessment
- Learning Disability Assessment
- Talented and Gifted Program Information and/or Course Content
- Any other pertinent information you may have

Yours truly,

James A. Brown, Principal

I _____ hereby grant permission to the above named school to release any
Parent / Guardian

And all pertinent information. It should include confidential reports relative to the educational process and placement of the above student which may aid Grover Cleveland Middle School in properly placing him/her in the appropriate programs.

Parent/Guardian: (Signature) _____ Date: _____

Relationship to Student: _____