



Grover Cleveland Middle School

36 Academy Road
Caldwell, NJ 07006
Guidance Office
973-228-1994

Date: _____

Dear Records Official:

Student's Name: _____

Grade Level: _____

The above student has enrolled at Grover Cleveland Middle School. 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

James A. Brown
Principal

We hereby grant to the school permission to release any 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