

**LAWTON C. JOHNSON
SUMMIT MIDDLE SCHOOL
SUMMIT, NEW JERSEY 07901**

PARENT/GUARDIAN REQUEST TO RELEASE STUDENT RECORDS

Please send the records of _____ to:

Name of New School _____

Address of New School _____

Reason: Moving _____ Private School _____ Enrolled in Private School _____

Intended Date of Moving _____ Intended Date Student Leaving LCJSMS _____

Please note: We are required to send to any public school the following information:

1. Date student entered school and from where;
2. Copy of permanent record;
3. Results of achievement and intelligence tests;
4. Health record (vaccination date, polio vaccination dates, etc.);
5. Any personal data collected for use in guidance of the student;
6. Disciplinary records; and
7. Psychological test results/special placement if it applies.

Signature _____
Parent or Guardian

Date _____

New Address if Student is Moving:
