



WILDWOOD CREST SCHOOL DISTRICT
9100 PACIFIC AVENUE
WILDWOOD CREST, NEW JERSEY 08260
PHONE: (609)729-3760 FAX: (609)522-2047

PARENTAL PERMISSION FOR TRANSFER OF STUDENT RECORDS

This form is provided by the Wildwood Crest School District for the purpose of obtaining your child's school records.

I also understand that discipline records (if any) will also be transferred to my child's new school district as per NJSA 18A: 36-19A.

Name of Child _____ Date of Birth _____

Address of Child _____ Grade _____

I HEREBY AUTHORIZE THE WILDWOOD CREST SCHOOL DISTRICT to obtain all records (including psychological tests, medical, and sociological records if any) of my above named child from:

School or Agency

Street Address

City State Zip

School Phone Number

Please send records to the school designated below:

_____ **Crest Memorial School - 9100 Pacific Avenue, Wildwood Crest, NJ 08260**

AS DEFINED BY THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974 (PUBLIC LAW 93-380), I UNDERSTAND THAT I MAY REVIEW AND/OR RECEIVE A COPY OF THE RECORDS, IF DESIRED, AND HAVE AN OPPORTUNITY FOR A HEARING TO CHALLENGE THE CONTENT OF THE RECORDS.

Date

Parent or Guardian Signature

For Office Use Only
Record Request Mailed _____
Records Received _____

Relationship