



**College Achieve Central Charter School**

365 Emerson Avenue  
Plainfield, NJ 07062

**REQUEST FOR RELEASE OF RECORDS**

Student Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_  
(MM/DD/YY) (2016-2017)

Previous School: \_\_\_\_\_

School Address: \_\_\_\_\_

School City, State, Zip: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

My child is currently receiving special education services in the following areas:

- Special Education Resource  Special Education Self Contained  Speech  ELL  Title I

I authorize the release of my child's school records, including gifted, intervention, educational, medical, social or special education information to College Achieve Central Charter School.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTN: SCHOOL REGISTRAR**

We are requesting the following records for this student (all that apply):

- Report Card (Elementary and Middle School Students)
- Standardized Test Records
- Attendance and Discipline Records
- Special Education Records including IEP or 504
- Original Transfer Card
- Original Health and Immunization Record
- Guidance records/Information

We desire to ensure that students receive an academic program appropriate to their age, grade, and abilities. To that end, this information from your department is imperative.

Thank you in advance for your assistance.