



MANASQUAN SCHOOL DISTRICT
169 BROAD STREET
MANASQUAN, NJ 08736
Office of School Counseling Services

Request for Transfer of Records

Former School

Date

Address

Grade

City, State, and Zip Code

NJSMART State ID Number (if known)

School Phone Number

As the Parent/Guardian of _____, I am authorizing **the school listed below** to request all academic and health records for my child from **the school listed above**.

Manasquan High School
167 Broad Street
Manasquan, NJ 08736
Attn: School Counseling Office

Phone: 732-528-8820 x1010
Fax: 732-528-8143

Manasquan Elementary School
168 Broad Street
Manasquan, NJ 08736
Attn: Main Office

Phone: 732-528-8810 x2000
Fax: 732-223-9736

Please send the following information to the attention of the school checked above:

1. Cumulative Academic Records (including current grades)
2. Educational Test Results
3. Health Records
4. Transfer Card
5. Confidential Files (example - IEP, behaviorplan)
6. Other Pertinent Data _____

Thank you for your prompt attention to this matter.

Parent/Guardian (Print)

Parent/Guardian (Sign)