

**MOORESTOWN TOWNSHIP PUBLIC SCHOOLS**  
*Moorestown Middle School, 801 N. Stanwick Road*  
*Moorestown, New Jersey 08057*  
*(856) 778-6620*  
*FAX (856) 727-9309*

**REQUEST FOR RECORDS**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

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The following student has entered our school for the current school year:

\_\_\_\_\_ Grade: \_\_\_\_\_

In order to make the appropriate placement, please send academic reports, records, achievement test score results, health records, discipline records, and any pertinent information sent to the address below:

Moorestown Middle School  
Guidance Department  
801 N. Stanwick Road  
Moorestown, N.J. 08057

We appreciate your prompt attention to the request in order that we may best serve the needs of this student.

Thank you for your cooperation.

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I hereby give my permission for the release of the above records.

\_\_\_\_\_  
Parent/Guardian Signature