



*Assumption Regional Catholic School*

146 S. Pitney Rd.  
Galloway, NJ 08205  
609-652-7134  
Fax: 609-652-2544

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**REQUEST FOR STUDENT RECORDS**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Former School: \_\_\_\_\_

Fax Number: \_\_\_\_\_

The above student has enrolled in Assumption Regional Catholic School. Permission has been granted by the parent/guardian for the release of all records to our school that pertains to the student.

Please forward to my attention the following:

1. Cumulative or Permanent Records
2. Health Cards
3. Verification of Grade Placement
4. Child Study Team Records
5. Remedial Service Records
6. Confidential Information

Thank you for your attention and cooperation.

Sincerely,

Joan Dollinger  
Principal