

REQUEST FOR RECORDS

Date: _____

Student's Last Name First Name Middle Name

Student's Birth date Student's Grade Parent's Last Name (if different)

Previous School Name

Address

City/State/Zip

Please forward all school records, including the following to:

The Greater Brunswick Charter School
429 Joyce Kilmer Avenue
New Brunswick, NJ 08901
Fax. 732-448-1055

1. _____ Official Academic Transcript
2. _____ Health Records
3. _____ Test Scores
4. _____ Any special testing, psychological, counseling, and/or speech records