

Camden School District, Division of Special Services
201 North Front Street Camden, New Jersey 08102
Telephone (856) 966-2000

RECORD REQUEST FORM

STUDENT NAME: _____

DOB: _____

Date: _____

School/Agency: _____

Address or Fax: _____

We are requesting the following information and records on the above-named student.

- All Child Study Team evaluations (including Speech, OT/PT, Functional Behavior Assessments, etc.)
- Current IEP
- Classification conference report
- Medical and immunization records

The parent/guardian's signature below will authorize you to send the records to us.

Thank you for your prompt attention to our request.

Name of Parent/Guardian (Printed): _____

Parent/Guardian Signature: _____ **Date:** _____

CST Name (printed): _____ **Phone:** _____

CST Signature: _____

CST Email: _____

MAIL RECORDS TO:

FAX/SCAN RECORDS TO:

