

**BEDMINSTER TOWNSHIP PUBLIC SCHOOL DISTRICT**

234 Somerville Road  
Bedminster, New Jersey 07921  
Telephone (908) 234-0768 Fax (908) 234-2318  
www.bedminsterschool.org

**REQUEST FOR STUDENT RECORDS**

**NAME & ADDRESS OF PREVIOUS SCHOOL**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

FAX #: \_\_\_\_\_

**STUDENT NAME**

**GRADE**

**BIRTHDATE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Please Print)**

The above named pupil has recently enrolled in our school. **Please send all academic, health & CST records to:**

BEDMINSTER TOWNSHIP SCHOOL  
234 SOMERVILLE ROAD  
BEDMINSTER, NJ 07921  
ATTENTION: SCHOOL SECRETARY

I do hereby authorize the release of academic/health/CST records regarding the above named pupil to the Bedminster Township School.

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

\_\_\_\_\_  
Date