

STUDENT RECORDS REQUEST

Vineland Public Schools

61 W. Landis Avenue

Vineland, NJ 08360

Part A

I am requesting a **copy of my** Student Records from the Vineland Public School District.

Name: _____ Date of Birth: _____

Contact Number: _____

Information Requested: _____

Graduation Year (if applicable) _____ ID provided (copy attached): _____

Signature: _____ Date: _____

Part B

I am requesting a **copy of my child's** Student Records from the Vineland Public School District.

Name: _____ Date of Birth: _____

Parent/Guardian's Contact Number: _____

Information Requested: _____

Parent/Guardian's ID provided (copy attached): _____

Parent/Guardian's Signature: _____ Date: _____

Administrative Policies and Procedures

The district board of education may charge a reasonable fee for the reproduction of student records, not to exceed the schedule of costs set forth in N.J.S.A. 47:1A-5, provided that the cost does not effectively prevent the parents or adult students from exercising their rights under this subchapter or other Federal and State rules and regulations regarding students with disabilities, including N.J.A.C. 6A:14.

All costs associated with the reproduction of records will be discussed prior to the completion of this request.
Check or money order made payable to Vineland Public Schools

FOR OFFICE USE ONLY:

Number of Pages: _____ Total Cost: _____ Date Received: _____

Processing Secretary: _____

Received by (Print): _____ Signature: _____