

**ALEXANDRIA TOWNSHIP SCHOOL DISTRICT**  
**557 County Road 513**  
**Pittstown, NJ 08867**

**Notification of Transfer of Records**

Dear Parent/Guardian:

The following information concerning you child, \_\_\_\_\_,

will be forwarded to: \_\_\_\_\_

(new school)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(city, state, zip)

upon request. If you have any objections, please contact us immediately.

In order to maintain accurate records, as well as obtain your permission to transfer records, I am asking that you sign this form and return it to the main office as soon as possible.

Thank you for your cooperation and understanding in this matter.

Sincerely,

David E. Pawlowski,  
Principal

\_\_\_\_\_ Academic Records

\_\_\_\_\_ Health Records

\_\_\_\_\_ Discipline Records

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

\_\_\_\_\_  
Date