
Township of Union Public Schools
Union High School School Counseling Department

Supervisor: Nicole Ahern
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Registrar: Gwen Johnson
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NOTIFICATION OF TRANSFER

PLEASE PRINT ALL INFORMATION:

Date of Request: _____

Last Day of Attendance: _____

Student's Name: _____

Birthdate: _____

School: _____

Grade: _____

NAME/ADDRESS of NEW SCHOOL :

NEW HOME ADDRESS:

In accordance with the Family Educational Rights and Privacy Act (FERPA) I hereby request to withdraw my child from the Township of Union School District and grant permission to release all school records and reports concerning my child to the school district listed above. Such request for disclosure is for the purpose of enrollment and shall include the following:

- Transfer card
- NJ state identification number
- Original Health Records
- Child Study Team Records
- Other Pertinent Documents
- Transcript of Grades/Report Cards
- Discipline Records
- Attendance Records
- Standardized Test Results

Signature of Parent/Guardian: _____