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***Township of Union Public Schools***  
***Union High School School Counseling Department***

Supervisor: Nicole Ahern  
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Registrar: Gwen Johnson  
email: [gjohnson@twpunionschools.org](mailto:gjohnson@twpunionschools.org)

**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:** \_\_\_\_\_