

Kenosha Unified School District No. 1  
Department of Special Education/Student Support  
3600 52<sup>nd</sup> St., Kenosha, WI 53144  
(262) 359-6274

**NOTICE OF WRITTEN REQUEST FOR RELEASE OF PUPIL RECORDS**

Transferring School: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Transfer Student: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_ Address: \_\_\_\_\_

This is written notice to inform you that the above named student is now a legal resident of Kenosha and is currently enrolled in our school district. In order to facilitate the most appropriate educational program for this student, we must have all of your "pupil records" sent to us within the **NEXT FIVE DAYS**. The "pupil records" should include all progress records and all behavioral records.

If this student was placed in special education, please send copies of IEP-Team Report, Individual IEP-Team member reports, Parental Permission for IEP-Team Evaluation and Special Education Placement, the current Individual Educational Program (IEP) in place, and any other information or material pertinent to this student's education.

The Family Rights and Privacy Act, Buckley Amendment, Section 99.30, Paragraph (b) states that schools where students enroll, do not need to have consent forms signed for transfer of records.

Any information released to us will be held in strict confidence. Your assistance is very much appreciated. Please forward requested pupil records to:

\_\_\_\_\_  
School Contact Person

\_\_\_\_\_  
School Phone Number

\_\_\_\_\_  
School Address

\_\_\_\_\_  
City, State, and Zip Code

cc: Student Record