

## NOTICE OF WRITTEN REQUEST FOR RELEASE OF STUDENT RECORDS

REQUESTING SCHOOL:	TRANSFERRING SCHOOL:
Date:	
	Phone:
	Fax:
	named student is now a legal resident of Kenosha and is currently enrolled in Kenosha st appropriate educational program for this student, we must have your pupil records sent to
	ndment, Section 99.3, Paragraph (b), states that schools where students enroll do not need to . Any information released to us will be held in strict confidence. Your assistance is very much
Student Name:	Grade: Date of Birth:
Parent/Guardian Name:	
Please Fax Please Include Following Reco	<u>rds</u>
☐ Current progress grades	☐ Last report card
☐ Transcripts with credits	☐ Most recent IEP Evaluations
☐ ACCESS language placement results	☐ 504 plans
	☐ Special Education records
	☐ Attendance records
	☐ Health, Medical, and Immunization records
	☐ Health care plans
	☐ Behavior records
	☐ Standardized test results