

School District of New Auburn
704 N East Street
New Auburn, WI 54757
715-237-2202 – 715-237-2505
Fax 715-237-2350
bhalberg@newauburn.k12.wi.us

Student Record Release Form

(if transferring from another district)

Please forward copies of the following pupil's records, which will become a part of the pupil's student record, to the School District of New Auburn.

Name(s) _____

Transferring from: Name of Previous School:

Address _____

Phone _____ Fax _____

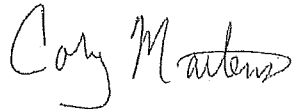
Progress Records:

_____ Statement of Courses Taken
_____ Grades
_____ Attendance Records
_____ Statement of Extra-Curricular Activities

Behavioral Records:

_____ Special Education
_____ Psychological Tests
_____ Personality Evaluations
_____ Health Records

Sincerely,



PreK-12 Gr Principal

I hereby authorize _____ to release copies of my child's records to the above named individual in the New Auburn School District.

Parent

Signature: _____ Date _____

(Student may sign if over 18 and not residing with parent)