

SCHOOL DISTRICT OF NEW AUBURN
704 N EAST STREET
NEW AUBURN WI 54757
715-237-2202 -- 715-237-2505
FAX (715-237-2350)

STUDENT RECORD RELEASE FORM

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

Name(s) _____ Grade _____

_____ Grade _____

Transferring from: NAME OF PREVIOUS SCHOOL:

Address _____

Phone _____ Fax _____

Progress Records:

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

Behavior Records:

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

Sincerely,

Ashley Mason
Principal

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

Parents

Signature _____ Date _____

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