

**PERMISSION TO RELEASE RECORDS**  
**Platteville High School, 710 E. Madison St., Platteville, WI 53818**

I, the undersigned, hereby authorize and request Platteville Public schools to release copies of pupil records as indicated below for the following student:

Student Name: \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Records to be released: **(Please initial the appropriate boxes)**

- Official high school transcript
- ACT college admission test results
- SAT college test results
- Standardized achievement tests
- Health records
- Personality evaluations
- Psychological tests
- Teacher reports
- Additional comments or requests: \_\_\_\_\_

Send those records to the following address:

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I understand the need or purpose for such disclosure is: (purpose for which information is to be used)

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I understand that this consent may be revoked by me at any time except to the extent that action has already been taken. This consent (unless revoked earlier) expires upon: \_\_\_\_\_

I understand that I have a right to inspect and receive a copy of the material to be disclosed and a copy of this consent form (Section 51/30(4), Wis. Stats.)

\_\_\_\_\_  
(Signature of parent, legal guardian, or adult aged student)

\_\_\_\_\_  
(Date Requested)

To be sent with application or other documents?    Yes    No

\_\_\_\_\_  
(Date Sent)

**Please submit this form either by fax (608.342.4427), US Mail or email to [paynter@platteville.k12.wi.us](mailto:paynter@platteville.k12.wi.us)**

Confidentiality of these records is assured by the Family Education and Privacy Act of 1974 and by Wisconsin Statute 118.25.