

TRANSFER REQUEST  
OF STUDENT RECORDS FORM:

**PLATTEVILLE HIGH SCHOOL**  
**710 E. Madison St.**  
**Platteville, WI 53818**

We give permissions to \_\_\_\_\_  
(Previous School Name)

\_\_\_\_\_  
(Previous School Address)

\_\_\_\_\_  
(City,) (State) (Zip)

to send our child's/children's \_\_\_\_\_  
(Name) (Current Grade Level)

cumulative folder(s) including progress, psychological, health, behavioral and  
teacher records to:

**Platteville High School**  
**Attn: Kim Lipska**  
**710 E. Madison St.**  
**Platteville, WI 53818**

**Phone: (608) 342-4023**  
**Fax: (608) 342-4474**

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Principal Signature)

- \* **PLEASE FAX TRANSCRIPT ASAP.**
  - \* **PLEASE MAIL "OFFICIAL" RECORDS.**
- THANK YOU.**