

TRANSFER REQUEST OF STUDENT RECORDS

PLATTEVILLE HIGH SCHOOL

**710 East Madison Street
Platteville, WI 53818
(608) 342-4023 (Student Services)
(608) 342-4427 (Fax)**

The student listed below has requested admission to Platteville High School. Please provide the following information: cumulative records (transcript, current grades, & test scores), immunization/health records, behavioral, special education records (including IEP).

STUDENT INFORMATION:

Student's Name: _____
(Last) (First) (Middle)

Date of Birth: _____

Current Grade: _____

Was this student enrolled in a special education program? ____ Yes ____ No

TRANSFERRING FROM:

School _____

Address _____

City/State _____

PERMISSION TO RELEASE RECORDS:

I, the undersigned parent/guardian, give permission to the school officials to release and send the above mentioned information.

Parent/Guardian Signature: _____

Date: _____

PLEASE FAX (608-342-4427) TRANSCRIPT and IEP, if applicable.