

# PERMISSION TO RELEASE RECORDS

**Platteville High School, 710 E. Madison Street, 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  Psychological tests
- Personality evaluations  Teacher reports
- Additional comments or requests: \_\_\_\_\_

Send these records to the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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)

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