

W7467 River Bend Rd, Shawano, WI 54166 Phone 715-745-2400 Email:<u>office@wolfriverlhs.org</u> http:\\www.wrlhs.org

## Permission to Release Records from Previous School

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

Date of Birth	

Date\_\_\_\_\_

Signature of Parent or Guardian

\*Valid only if signed by an adult pupil (18 years of age or older) or parent or guardian of a minor pupil.

The above-named student is now enrolled at Wolf River Lutheran High School. To enable us to provide appropriate educational services, please send the following records at your earliest convenience:

X	Progress Records	Progress records consist of a statement of courses taken, grades awarded, the student's attendance record, immunization records, and a statement of extracurricular activities in which he/she participated.
X	Behavioral Records	Behavioral records include psychological tests, personality evaluations, student's behavior records, tests relating to achievement or measurement of ability, IEP records, physical health records other than immunization records, court records, and law enforcement records.
X	Law Enforcement Records	Information obtained from a law enforcement agency.
X	Patient Health Care Records	All records relating to the health of a student prepared by or under the supervision of a health care provider, which are not included in the student physical health records (i.e., sports physicals).

The information will be kept confidential and be used for professional reasons only.

School last attended:

Name: \_\_\_\_\_\_Address: \_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_ Thank you!

Shellie Kosmerchock, Principal Wolf River Lutheran High School <u>shelliekosmerchock@wolfriverlhs.org</u> | 715.745.2400