



SHEBOYGAN AREA SCHOOL DISTRICT

Permission to Request/Release Student Record Information

Please forward/release the listed student's records including:

Attendance, Academic, Progress Records, Pupil Health Records, Behavior Records, Withdrawal Grades, Individual Education Plan (I.E.P.), Psychological and/or School Social Work Reports, and other pupil records as appropriate.

Student's Name _____
Last First Middle

Grade _____ School Year _____ Date of Birth _____

1. Is this student presently receiving any special education services? _____ Yes _____ No
2. Is this student presently receiving English Language Learner Services? _____ Yes _____ No
3. Has this student ever been withdrawn/expelled from school as a result of disciplinary actions?
_____ Yes _____ No

_____ Release Records To

Sheboygan Leadership Academy
1305 St. Clair Avenue
Sheboygan WI 53081
education@leadership-academy.us
Phone 920-208-5930
Fax 920-208-5932

_____ Requesting Records From

School Name _____
Street Address _____
City _____ State _____ Zip _____
Phone (____) _____
Fax (____) _____

Signature of Parent/Guardian or Student
18 years or older, or district representative

Title of Person Signing

Date

Wisconsin Statute 118.125(4) states that within five working days, a school district shall transfer to another school district all pupil records relating to a pupil upon written notice from the pupil if he/she is an adult or his/her parent or guardian if the pupil is a minor that the pupil intends to enroll in the other school or school district. Within the State of Wisconsin parental consent is not required to release student records to another school district.