

REQUEST FOR STUDENT RECORDS

Date: _____

School: _____ Fax #: _____

_____ Phone #: _____

The following student(s) plan(s) to enroll in the School District of West Salem:

NAME	DOB	GRADE
NAME	DOB	GRADE

FAX CURRENT IEP/SPECIAL ED RECORDS/504 PLAN TO:

Pupil Services
Attn: Lori
(608) 938-6819

FAX TRANSCRIPTS OF GRADES TO:

Student Services
Attn: Angela
(608) 786-2813

MAIL ALL FILES LISTED TO:

West Salem District Office

Attn: Lori/Pupil Services
405 East Hamlin St.
West Salem, WI 54669
Phone: (608) 786-1064
Fax: (608) 938-6819

- *Report Card
- *Grades in Progress
- *Attendance Record
- *Cumulative Folder
- *Immunization & Health Records
- *Test Scores
- *ELL Records
- *Schedule

Thank you,

Monica Quinn, School District of West Salem Receptionist

*Parental permission is not required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976, Vol. 41, No. 1118 Page 24673).
Revised 10/17*