



**St. Croix Central High School**  
**1751 Broadway Street**  
**Hammond, WI 54015**  
**Phone 715.796.5383**  
**Fax 715.796.5662**

## **REQUEST FOR RECORDS**

School Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

*I authorize release of copies of records and information on the above student(s).  
Please include the following:*

Complete cumulative file including attendance records  
Psychological Reports/Tests  
Personality Evaluations  
Standardized Achievement  
Health and Medical Records  
Exceptional Educational Needs Evaluation

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Address

.....  
In order to assist the above students(s), we would appreciate your prompt compliance with the above request. Thank you.

Please send the records to: **St. Croix Central High School**  
**Attn: School Records**  
**1751 Broadway Street**  
**Hammond, WI 54015**