

REQUEST FOR RECORDS

**St. Croix Central Elementary School
202 South Division Street
P.O. Box 129
Roberts, WI 54023
Phone 715-749-3119
Fax 715-749-3130**



To: _____ 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:*

- Academic Records
- Attendance Records
- Immunization and health records
- Standardized test results
- Discipline records
- All special education and related reports

****EMAIL OR FAX MOST RECENT IEP AND EVALUATION TO KIM GUNDERSON AT
KGUNDERSON@SCC.K12.WI.US OR FAX TO 715-796-4510****

Date

Signature of parent/guardian

Address

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

Please send the records to: St. Croix Central Elementary School
Attn: School Records
202 South Division Street
P.O. Box 129
Roberts, WI 54023