

SCHOOL DISTRICT OF ALBANY  
STUDENT RECORDS REQUEST / RELEASE  
P. O. BOX 349, ALBANY, WI 53502

Telephone: (608) 862-3225

Fax: (608) 862-3230

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female

Chose one that best represents the student's ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

Chose the racial categories that best represent the student's background: \_\_\_\_\_ White \_\_\_\_\_ Asian  
\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ Black or African American

TRANSFERRING FROM: Grade Leaving: \_\_\_\_\_ TRANSFERRING TO: Grade Entering: \_\_\_\_\_

\_\_\_\_\_  
Name of School District

\_\_\_\_\_  
Name of School District

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

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

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

**As part of the withdrawal process, please answer the questions below by circling your answer on the right:**

Has the student(s) returned all classroom and/or school library materials? Yes No  
Has the student(s) paid all general and/or athletic fees owed to the District? Yes No

**As part of the enrollment process, please answer the questions below by circling your answer on the right:**

Has student(s) been enrolled 5 consecutive years in a United States School? Yes No  
Migrant Status? Yes No

Has student(s) previously attended our District? If yes, date: \_\_\_\_\_ Yes No

Has the student(s) been expelled from any public/private school pursuant to Section 120.13(1)(f) of the Wisconsin Statutes? Yes No  
Is student(s) subject to an expulsion hearing or received notice they are subject to expulsion? Yes No

If "Yes" to either question above, please explain in detail: \_\_\_\_\_  
I understand and acknowledge that my failure to report any expulsion, or consideration for expulsion, in a previously attended school will result in my child's removal from school.

Is the student(s) enrolled in a Gifted/Talented program? If yes, program? \_\_\_\_\_ Yes No  
Is student(s) enrolled in special education? If yes, program? \_\_\_\_\_ Yes No

Any physical or emotional conditions the school should be made aware of? \_\_\_\_\_

Are all the children in your household entering/leaving the District? Yes No

\_\_\_\_\_ Transferring TO the School District of Albany Date: \_\_\_\_\_  
\_\_\_\_\_ Transferring OUT of the School District of Albany Date: \_\_\_\_\_  
\_\_\_\_\_ Withdrawing from school Date: \_\_\_\_\_  
\_\_\_\_\_ Home Schooling Date: \_\_\_\_\_

**PERMISSION TO RELEASE RECORDS:** I, the undersigned parent/guardian, give permission to the officials of the School District of Albany to release/send progress reports, transcripts, grades, test results, behavioral records, health records, psychological, EEN and 504 records and other pertinent reports regarding my child(ren).

\_\_\_\_\_  
Authorizing Signature  
Yes, I recognize that this digital signature takes place of a handwritten signature, pursuant to Wis Stats 137.15, 137.16, & 137.7  
**Parent/Guardian: Please Complete Reverse**

\_\_\_\_\_  
Authorized by: \_\_\_\_\_  
**For Office Use Only:**

\_\_\_\_\_  
Parent/Legal Guardian of Minor Student  
Adult Student  
**Request Faxed/Mailed:** \_\_\_\_\_  
**Records Sent/Received:** \_\_\_\_\_