

WAUKEE COMMUNITY SCHOOL DISTRICT

RELEASE OF INFORMATION FORM
AUTHORIZATION FOR TRANSFER OF STUDENT RECORDS

- South Middle School** – 2350 LA Grant Parkway, Waukee, IA 50263
- Waukee Middle School** – 905 Warrior Lane, Waukee, IA 50263
- Prairieview** – 655 Southeast University Avenue, Waukee, IA 50263
- Timberline** – 2605 Southeast LA Grant Parkway, Waukee, IA 50263
- Waukee High School** – 555 Southeast University Avenue, Waukee, IA 50263

Phone: _____ Fax: _____

To Whom It May Concern:

We have enrolled the following students who formerly attend your school:

Student	Birthdate	Grade	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous School

Address

City

State

Zip Code

Let this be written permission for all school records of our children to be released and sent directly to the school indicated above:

_____ Date

_____ Parent Signature

We would appreciate receiving the cumulative records of grades, test results, health records, and other pertinent information concerning these students. If any of the above students received assistance, special education services, or have a 504 plan, please include this information as well. This will help us in determining placement in our school.

Thanks in advance for your prompt attention to this matter

Respectfully,

_____, Principal