

## DEERFIELD COMMUNITY SCHOOL DISTRICT

300 SIMONSON BLVD  
 DEERFIELD, WI 53531  
 Phone: (608) 764-5431  
 Fax: (608) 764-5433

### RECORD RELEASE FORM

In order to best meet the needs of your son/daughter, we will be requesting the following records from your child's previous school:

**PROGRESS RECORDS:** Courses, grades, attendance, extra-curricular activities, discipline, etc.

**BEHAVIOR RECORDS:** Educational and psychological test data, personality evaluations, health records, teacher evaluations, etc.

**SPECIAL ED. RECORDS:** Including IEP, evaluations, placements, etc. **Check  if applicable.**

Student Name:	Date of Birth:	Grade Level:	School Year:
Anticipated First Attendance Date:	DCSD Bldg (Class Assignment if ES)	DCSD Student ID#	

Records requested from:

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

Street Address: \_\_\_\_\_

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

Federal law requires parental notification of impending record transfer and prescribes that the parent may receive a copy of said records and may request a hearing to challenge the contact of the records.

I hereby give my consent to transfer the above records. Parental signature is not required; school districts may receive a student's records upon receipt of a written statement that they student is officially enrolled.

Parent/Guardian  
Signature \_\_\_\_\_

Date \_\_\_\_\_

Current Address  
(if not local) \_\_\_\_\_

Local Address  
(if known) \_\_\_\_\_

Current Phone  
(if not local) \_\_\_\_\_

Local Phone  
(if known) \_\_\_\_\_

**Mail records to:**  Deerfield MS/HS, Student Records  
 300 Simonson Blvd  
 Deerfield, WI 53531

Deerfield ES, Student Records  
 340 W. Quarry  
 Deerfield, WI 53531

Request Sent		Received		To Bldg		Health Records		Special Ed		Food Service		Technology/Library Service		Testing Coord.	
	By:		By:		By:		By:		By:		By:		By:		By: