

SCHOOL DISTRICT OF HILBERT



STUDENTS RECORDS REQUEST

STUDENT'S NAME	DATE OF BIRTH	GRADE

TO:

(NAME OF PREVIOUS SCHOOL):
(ADDRESS):
(CITY/STATE/ZIP):

The student(s) listed above enrolled in the School District of Hilbert starting: _____ . Please send the following records at your earliest convenience.

- Records of Academic Performance
- Attendance
- Standardized Guidance Department Test Results
- Health Records
- Psychological Evaluation Reports
- Behavioral Files

▶ IF STUDENT HAS AN IEP OR 504 PLAN ON FILE, PLEASE FAX TO APPROPRIATE SCHOOL AS SOON AS POSSIBLE. ◀

PLEASE SEND RECORDS TO:

- Hilbert Elementary School Hilbert Middle/High School
 1139 W. Milwaukee Street
 PO Box 390
 Hilbert WI 54129
 Phone: 1-920-853-3558
 Fax: 1-920-853-7030

NOTE: If a High School Student, please fax transcripts to: Mrs. Grenzer, School Counselor

Parent/Guardian Signature _____ Date: _____

NOTE: Parental permission is no longer required when records are requested by authorized school personnel. (Family Education Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976. Vol. 41,118, pf. 240734.