



Parents please fill out the first part of this form and return to your student's school with your registration paperwork.

REQUEST FOR PUPIL RECORDS

Previous School _____

Address: _____
Street City State Zip

FAX Number: _____

The following student has enrolled at Oconomowoc Area School District:

Name of Student Grade Date of Birth

The student listed above has enrolled in our school district. Please forward to our school office the student's progress and behavioral records to include the cumulative folder, health record, and transcript of academic performance. **If applicable, include a copy of your system of grading students, how many credits are required for graduation and (all Wisconsin Schools) please send the WIAA physical card.**

School records should be sent to *(to be filled out by OASD requesting school)*:

School Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

Thank you.

Parental Permission is no longer required when authorized school personnel request records. (Family Educational Rights and Privacy Act, Final Rule on Educational Records. Federal Register, June 17, 1976. Vol. 41, No. 118. Page 24673)

Declaracion de Traducción: *Estamos trabajando diligentemente para traducir nuestros documentos al español. Por favor comuníquese con la escuela de su hijo para aclaración. Si todavía necesitas aclaración, por favor comuníquese con Translate@oasd.org.*

Nondiscrimination: *The Oconomowoc Area School District provides assurance that no student is discriminated against because of the student's sex, race, color, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability.*
