

Special Education Records Request

Verona Area School District

STUDENT INFORMATION (PLEASE PRINT CLEARLY)

Last Name:	First Name:	Middle Initial:	Maiden Name (if applicable):
Date of Birth:	Last Year Attended:	Graduation Year:	OR Withdrawal Year:

RECORDS REQUEST DETAILS

A parent or guardian must request records for any student under 18 years of age. Once a student is 18 years of age, no other person can access the records without written consent.

The rights held by a parent regarding his or her minor child transfer to the child when the child reaches the age of 18 years, 34 CFR 99.5. However, the parents of an adult student who continues to be financially dependent upon the parents may continue to have access to their child's pupil records, unless the adult student notifies the school in writing this information may not be shared with the parents without the student's permission, Wis. Stat. sec. 118.125(2)(k).

REQUEST CONSENT

PERSON REQUESTING RECORDS:

Student (over 18 years of age) Parent Legal Guardian Other: _____

REASON FOR REQUEST:

New School College/University Enrollment Scholarship Other _____

SEND RECORDS VIA:

Email _____
(Records that are requested to be emailed will be sent via a secure portal)

Fax (provide fax #) _____

U.S. Mail (provide name and address below)

Name: _____
Street Address: _____
City/State/Zip: _____

I hereby give my written consent allowing _____ to obtain copies of my school records.

SIGNATURE OF ADULT STUDENT: _____ **DATE:** _____

Adult Student Name:	Phone:	Email:
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SUBMITTING REQUEST

Email:	mccullor@verona.k12.wi.us
Fax:	(844) 787.4713 Attn: Rachelle McCullough
Mail:	Student Services/ Attn: Rachelle McCullough 700 N. Main St., Verona, WI 53593
In Person:	Student Services at VASD 700 N. Main St, Verona, WI 53593 Hrs: 8:30am – 4:30pm M-F