



School District of Waupaca Request for Records

I hereby authorize *(School last attended: School Name, City, State)*

To forward all progress, behavioral and psychological records regarding my child/children as well as complete health and immunization records.

		Child has an IEP	
Name _____	Grade _____	Yes	No
Name _____	Grade _____	Yes	No
Name _____	Grade _____	Yes	No
Name _____	Grade _____	Yes	No

Please mail to:

**Chain O' Lakes
Elementary School
Waupaca 4K**
N3160 W Silver Lake Rd
Waupaca, WI 54981
Phone: 715.258.4151
Fax 715.258.4152

**Waupaca Learning Center
Elementary School**
1515 Shoemaker Road
Waupaca, WI 54981
Phone: 715.258.4141
Fax: 715.258.4138

Waupaca Middle School
1149 Shoemaker Road,
Waupaca, WI 54981
Phone: 715.258.4140
Fax: 715.256.5681

Waupaca High School
E2325 King Road,
Waupaca, WI 54981
Phone: 715.258.4131
Fax: 715.258.4135

If student has a current IEP or receives special education services, please fax the current IEP and most recent evaluation/reevaluation to:

Attn: Special Education Office - Fax: 715-258-4125

Mail all special education records to:

Waupaca School District
Attn: Special Education Office
E2325 King Rd
Waupaca, WI 54981

In accord with federal and state statutes, permission of the parent or adult student is not required when records are requested by school personnel.

It is understood this information will be used in strict confidence by school personnel.

Parent/Guardian (Please Sign) _____ Date _____

The School District of Waupaca does not discriminate on the basis of sex, race, religion, national origin, ancestry, creed, marital or parental status, sexual orientation, political affiliation, age, color, handicap, arrest or conviction record and is an Equal Opportunity Employer