



Living Faith, Embracing Family, Inspiring Learning, Celebrating Service, Achieving Excellence

REQUEST FOR RELEASE OF RECORDS

I hereby authorize (Name of former school) _____

(Address) _____

(City, State, ZIP) _____

(Phone) _____ (Fax) _____

to release and send my child's/children's records to the appropriate site within Assumption Catholic Schools as checked below:

_____ Our Lady Queen of Heaven School (grades 4K-2)
Attention: Administrative Assistant
750 10th Ave. S.
Wisconsin Rapids, WI 54495

Phone: 715-422-0980
Fax: 715-422-0936

_____ St. Vincent de Paul School (grades 3-6)
Attention: Administrative Assistant
831 12th St. S.
Wisconsin Rapids, WI 54494

Phone: 715-422-0960
Fax: 715-422-0936

_____ Assumption Middle School (grades 7-8)
Attention: Administrative Assistant
440 Mead St.
Wisconsin Rapids, WI 54494

Phone: 715-422-0950
Fax: 715-422-0936

_____ Assumption High School (grades 9-12)
Attention: AHS Guidance Office
445 Chestnut St.
Wisconsin Rapids, WI 54494

Phone: 715-422-0931
Fax: 715-422-0936

Please send the following scholastic, health, and behavior records including

- Statement of courses taken
- Grades
- IEP
- Standardized Achievement Test results
- Statement of extra-curricular activities (including a WIAA physical card)
- Health records
- Psychological tests and/or Personality evaluations
- Attendance records
- Expulsion proceedings pending or considered prior to transfer

Student Name: _____ Grade (at time of withdrawal): _____

Anticipated Start Date: _____ Grade entering: _____

Parent/Guardian Signature: _____ Date: _____

ACS Mission: To inspire excellence and personal growth grounded in Catholic principles and tradition