

# Drummond Area School District

Phone: 715-739-6669  
Fax: 715-739-6345  
Web: dasdkl2.net

52440 Eastern Avenue  
PO Box 40  
Drummond, WI 54832

District Office ext 101  
Middle/High School Office ext 201  
Elementary Office ext 201

## RECORD RELEASE AUTHORIZATION

STUDENT'S NAME: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Previous School or Agency attended:  
\_\_\_\_\_

Fax (if known): \_\_\_\_\_

The student listed above has applied for admission to our school. Please fax the most recent grades, schedule and other pertinent information as soon as possible to the District Office: 715-739-6345. This will expedite the admission and placement process.

Please send the official school records, including:

- \* Grades for current/past school year(s) - **Please fax as soon as possible.**
- \* Standardized test results
- \* Health Records
- \* Psychological services report, if any
- \* Special education information, if any – **Please fax as soon as possible.**
- \* Social worker involvement, if any
- \* Expulsion Order, if any – **Please fax as soon as possible**
- \* Other information which may be helpful in admission/placement

Send the information to:

Drummond Area School District  
PO Box 40  
52440 Eastern Avenue  
Drummond, WI 54832  
FAX: 715-739-6345

Thank you for your cooperation.

\_\_\_\_\_  
Parent/Guardian Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature

NOTE: In accordance with revised Federal Law 34CFR99.31(a)(2) and Wisconsin State Statute 118.125[4], permission of the parent or adult student is no longer required when records are requested by authorized school personnel.