



## TRANSFER OF RECORDS REQUEST

{Wis. State Statute 118.125(4)}

BSD STUDENT INFORMATION:		
STUDENT LAST NAME:	STUDENT FIRST NAME:	DATE OF BIRTH:
ADDRESS:	CITY, STATE, ZIP:	OCCUPANCY DATE:
DATE OF ENROLLMENT IN BSD:	SCHOOL OF ATTENDANCE IN BSD:	GRADE / SCHOOL YEAR:
PREVIOUS SCHOOL TO OBTAIN RECORDS FROM:		
SCHOOL NAME:	SCHOOL DISTRICT:	
SCHOOL ADDRESS:	SCHOOL CITY, STATE, ZIP	
SCHOOL PHONE NUMBER:	SCHOOL FAX NUMBER:	
RECORDS REQUESTING FROM PREVIOUS SCHOOL		
<input type="checkbox"/> BEHAVIORAL RECORDS {118.125(1)(a)}	<input type="checkbox"/> PROGRESS RECORDS {118.125(1)(cm)}	
<input type="checkbox"/> PROGRESS RECORDS {118.125(1)(c)}	<input type="checkbox"/> HEALTH RECORDS AND IMMUNIZATIONS	
ADDITIONAL RECORDS REQUESTED, IF APPLICABLE		
<input checked="" type="checkbox"/> GRADES IN PROGRESS	<input checked="" type="checkbox"/> CREDITS REQUIRED FOR GRADUATION	
<input checked="" type="checkbox"/> GRADING SCALE USED	<input checked="" type="checkbox"/> WIAA ATHLETIC PERMIT CARD	
CURRENT IEP, LAST EVALUATION, CONSENT FOR EVALUATION AND CONSENT FOR PLACEMENT	<input checked="" type="checkbox"/> WIAA ELIGIBILITY VERIFICATION	
SIGNATURE OF SCHOOL DISTRICT OF BELLEVILLE EMPLOYEE REQUESTING RECORDS		
Signature: > _____	Date Signed: _____	