



## **Wisconsin Inspire Academy**

**N2355 Duborg Rd, Columbus, WI 53925**

**Phone: (920) 623-3300 E-mail: [inspire@wisacad.org](mailto:inspire@wisacad.org)**

### **Student Record Release Form**

Student's Full Name:

Name of Previous School:

Previous School's Address:

Previous School's Phone:

Signature of Parent/Guardian:

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

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

The student listed above has enrolled in our school. We request the following records:

- Cumulative-Permanent School Record
- Psychological Testing Records including IEP, Outside Evaluations or Psychological Reports
- Immunization Records and/or Health Reports
- Speech Therapy Records
- In person verification of Birth Certificate