



School District of Algoma

1715 Division Street
Algoma, Wisconsin 54201
Telephone: (920)487.7001
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Kasie Holloway, School Counselor

AUTHORIZATION TO RELEASE RECORDS

I hereby request and authorize the Algoma High School, in Algoma, Wisconsin, to release copies of the below pupil records

Of _____ (use official name)

To _____

Progress Records

_____ Official Transcript

_____ Includes statement of courses taken, grades, attendance, and/or statement of co-curricular activities

Behavioral Records

_____ Psychological Tests

_____ Personality Evaluations

_____ Written statements Relating to Pupil's Ability

_____ Physical Health Records

_____ Other (please list) _____

Student Signature

Year of Graduation

Date

Signature of Parent/Guardian (if under 18)

Date

Note: Valid ONLY if signed by an Adult Pupil (18 years of Age or Older) or Parent/Guardian if the pupil is a minor (ss118.125)