



# School District of Algoma

1715 Division Street  
Algoma, Wisconsin 54201  
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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)