



Records Release Authorization

WCGS Student: _____

Please send the above named student's records to:

Name of school: _____

Address: _____

City/State/Zip: _____

Please release my child's academic records, physical and immunization records, and standardized test scores to the school noted above.

Signature of Parent or Guardian

Date

If applicable, please release special education evaluations (including speech and language assessments) and/or Kaleidoscope special education records, including educational assessments, initial testing reports, WISC report, annual reports, and student profiles.

Signature of Parent or Guardian

Date