

Trinity Academy
1205 6th Street
Hudson, WI 54016
715-386-9349
715-386-0137 (fax)
Attn: Melissa Gruenes
Administrative Assistant

STUDENT RECORD RELEASE FORM

TO: _____ (School Name)
_____ (Street Address)
_____ (City, State, Zip)

Phone number and/or fax number _____

The following student(s) is enrolled in our school beginning _____

Student Name	Grade	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please forward the following:


- Records of Academic Performance
- Standardized Test Results
- Health Records
- Psychological Evaluation Reports
- IEP and/or ISP Information
- Any additional information that would assist with placement of the above student.

Has this child been in any special program in your school? _____ Yes _____ No

If so, what program (circle where applicable):

Speech Learning Disabilities Remedial Reading EBD Occupational Therapy
Counseling Other _____

Thank you for your assistance,



Alison Johnson
Principal

Parent/Guardian

Date: _____