

SCHOOL DISTRICT OF MAPLE
Permission to Release Transcripts / Immunizations / IEP

Student Name: _____ Date: _____

Maiden name or if different from above: _____

Graduation Year: _____ Date of Birth: _____ Last 4# of SS#: _____

Daytime phone number if there are any questions: _____

I hereby authorize Northwestern High School, Maple, WI to release a copy of my:

- Transcript
- Immunizations
- IEP

to the following location(s):

<u>Name</u>	<u>City and State or Email or Fax Number</u>
_____	_____
_____	_____
_____	_____
_____	_____

Student or Parent Signature: _____

*(If student is under 18, a parent or guardian must sign.
Electronic signatures are NOT acceptable.)*

Please return this completed form to: Northwestern High School
Attn: Guidance Office
PO Box 218
Maple, WI 54854 or
Fax: 715-363-2523 or
jkeller@nw-tigers.org

******(For office use only)******

- Mailed Faxed Received in person [Other] _____
- Sealed in an envelope

Date _____ By _____