



**ASSUMPTION**  
CATHOLIC SCHOOLS

*Living Faith, Embracing Family, Inspiring Learning, Celebrating Service, Achieving Excellence*

**REQUEST FOR RELEASE OF RECORDS**

I hereby authorize (Name of former school) \_\_\_\_\_

(Address) \_\_\_\_\_

(City, State, ZIP) \_\_\_\_\_

(Phone) \_\_\_\_\_ (Fax) \_\_\_\_\_

to release and send my child's/children's records to the appropriate site within Assumption Catholic Schools as checked below:

_____	Our Lady Queen of Heaven School (grades K-2) Attention: Administrative Assistant 750 10 <sup>th</sup> Ave. S. Wisconsin Rapids, WI 54495	Phone: 715-422-0980 Fax: 715-422-0936
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_____	St. Vincent de Paul School (grades 3-5) Attention: Administrative Assistant 831 12 <sup>th</sup> St. S. Wisconsin Rapids, WI 54494	Phone: 715-422-0960 Fax: 715-422-0936
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_____	Assumption Middle School (grades 6-8) Attention: Administrative Assistant 440 Mead St. Wisconsin Rapids, WI 54494	Phone: 715-422-0950 Fax: 715-422-0936
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_____	Assumption High School (grades 9-12) Attention: AHS Guidance Office 445 Chestnut St. Wisconsin Rapids, WI 54494	Phone: 715-422-0931 Fax: 715-422-0936
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Please send the following scholastic, health, and behavior records including

- Statement of courses taken
- Grades
- Standardized Achievement Test results
- Statement of extra-curricular activities (including a WIAA physical card)
- Health records
- Psychological tests and/or Personality evaluations
- Attendance records
- Expulsion proceedings pending or considered prior to transfer

Student Name: \_\_\_\_\_ Grade (at time of withdrawal): \_\_\_\_\_

Anticipated Start Date: \_\_\_\_\_ Grade entering: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACS Mission: To inspire excellence and personal growth grounded in Catholic principles and tradition