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Laura Lundy, District Administrator Audra Brooks, Dir. of Business Services Elizabeth Rachu, Dir. of Curriculum and Instruction Joseph Greget, Dir. of Spec. Ed. & Student Services

## **Request for Records**

DATE:				
The following student(s) has/have	e enrolled in the Med	dford Area Public	School District:	
NAME	D.O.B.	GRADE	ENROLLMENT DATE	
Cabaal farmanily attanded				
School formerly attended: Name of School:				
Mailing Address:				
City, State and Zip:				
Phone Number:	Fax Number:			
Please forward grades and all per records, psychological and behav				
Medford Area Public Schools Director of Student Services 124 West State Street Medford, WI 54451		For Wisconsin School Locator System purposes, Medford's number is 3409.		
Date	Signa	ture, Parent/Guard	ian	

Parental Permission (Signature) is not required when records are requested by authorized school personnel. (Family Educational Rights and Privacy Act, Final Rule on Education Records, Federal Register, June 17, 1976. Vol. 41, No. 118, Page 24673).