

Request for Transfer of Student Records

I hereby request the release of all school records and any other important information pertaining to my child from:

Name: Last	First	Middle Initial	D.O.B. Cur	rent Grade
Current School:				
Address:				
City, State		Zip		
Telephone #:		Fax #:		
Parent/Guardian Signature:		Date:		
*******	********	********	********	*****
		Office Use Onl	y	
	nt has enrolled in our so behavior (including IEI		any and all student record and/or School Social wor	
Thank You,				
Milwaukee College Prep	School			
Please send records to the	e requesting school ch	ecked below.		
36 th Street Campus Lloyd Street Campus 38 th Street Campus North Campus	2449 N 36 th Street 1228 W Lloyd Street 2623 N 38 th Street 1350 W North Ave	Milwaukee, WI 53210 Milwaukee, WI 53200 Milwaukee, WI 53210 Milwaukee, WI 53200	Phone: (414) 264-6000 Phone: (414) 445-1000	Fax: (414) 264-6004 Fax: (414) 445-1005
Date First Request:	Second Request:			