



Wyoming Virtual School
 525 West Lakeway Road
 Suite 112
 Gillette WY 82718
 Ph. (307) 685-3248
 www.wyvs.org

Release of Student Records

Please accept this document as formal approval for the release of all official school records (including the record of transcripts, testing information, special education, health and immunization records).

Student Information

Student's Full Name: _____
first middle last

Student's Date of Birth: _____ Student's Social Security Number: _____

Student's Legal Address: _____
street apt #

_____ city county state zip

Home Phone: (_____) _____

Prior School Information

Name of School(s) attended in the 2008-2009 school year: _____

School's Address: _____
street

_____ city county state zip

School's Phone: (_____) _____ School's Phone: (_____) _____

Name of Parent or Legal Guardian: _____
first last

Parent/Guardian's Signature: _____ Date: _____

SCHOOL OFFICIALS ONLY:

Send student records to: Wyoming Virtual School
 525 West Lakeway Road
 Suite 112
 Gillette WY 82718

Student's Name: _____ Student's Home Phone: _____