



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 2007-2008 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: \_\_\_\_\_