



WILSON ELEMENTARY SCHOOL DISTRICT NO. 7

3025 East Fillmore Street • Phoenix, Arizona 85008
Phone: (602) 681-2200 • Fax: (602) 275-7517

REQUEST FOR STUDENT RECORDS

The student listed below recently enrolled in one of our schools. We would appreciate it if you would send the following records to us.

Student Name: _____ DOB _____ Grade _____

Previous School Attended: _____

Previous School Phone Number: _____ FAX: _____

Previous School Email: _____

Previous School Address: _____

City: _____ State: _____ ZIP Code: _____

PLEASE FAX/MAIL/EMAIL RECORDS TO THE SCHOOL MARKED BELOW:

Wilson Primary School (K-3)
415 N 30th Street
Phoenix, AZ 85008
Phone: 602-683-2500
Fax: 602-231-0567

Email: natalia.moreno@wsd.k12.az.us

Wilson Elementary School (4-8)
2929 E Fillmore Street
Phoenix, AZ 85008
Phone: 602-683-2400
Fax: 602-275-8677

Email: monique.soto@wsd.k12.az.us

**Please send special education records to: 2929 E Fillmore Street
Phoenix, AZ 85008
Fax: 602-683-2402
Email: nora.acevedo@wsd.k12.az.us

In compliance with the Family Education Rights and Privacy Act of 1974 and Arizona State Law, I authorize the release of my child's school records, including Withdrawal form, Birth Certificate, Immunization Record, State tests, cumulative data, special education information and any other pertinent information.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

In making this request, the undersigned agrees that the information received will be used only by the professional school staff who are assigned to work with the student in the educational program and will not be released to any other party without the prior consent of the parents.

Authorized Signature

Date Requested