

JEFFERSON HIGH SCHOOL
COUNSELING OFFICE

STUDENT NAME: _____ DATE: _____

BEHAVIORAL RECORDS MAINTENANCE
REQUEST FORM

I have been notified by the School District of Jefferson that unless otherwise requested, all student behavioral records will be destroyed one year after graduation, in accordance with Board Policy JO. Therefore, I am requesting that my behavioral records (psychological tests, M-team reports, IEPs, conduct records, suspension records, standardized achievement test, etc.) be maintained permanently by the school district. (Academic records (transcripts) are kept permanently regardless).

Student Signature _____

Parent Signature _____

(If student is under 18)

NOTE: Parent signature is required if student is under 18 years of age at the time of signature.

RETURN THIS FORM ONLY IF YOU WANT YOUR RECORDS MAINTAINED:

Counseling Office
Jefferson High School
700 West Milwaukee St.
Jefferson, WI 53549