



Madison Local School District - Request for Release of Student Records

North Elementary School
1941 Red Bird Road
Madison, Ohio 44057
440-428-2151 – Telephone
440-428-9384 – Fax
Email: Connie.Kiper@madisonschools.net

South Elementary School
92 East Main Street
Madison, Ohio 44057
440-428-5121 – Telephone
440-428-8438 – Fax
Email: Kathy.Gould@madisonschools.net

Madison Middle School
6079 Middle Ridge Road
Madison, Ohio 44057
440-428-1196 – Telephone
440-417-1857 – Fax
Email: Peggy.Watts@madisonschools.net

Madison High School
3100 Burns Road
Madison, Ohio 44057
440-428-2161 – Telephone
440-428-2165 – Fax
Email: Kim.Keener@madisonschools.net

Madison Pre-K
1956 Red Bird Road
Madison, Ohio 44057
440-428-5111 – Telephone
440-428-9311 – Fax
Email: Janice.Haury@madisonschools.net

Madison Board of Education
1956 Red Bird Road
Madison, Ohio 44057
440-428-2166 – Telephone
440-428-9313 – Fax
Email: Debbie.Sanford@madisonschools.net

TO: _____
(Previous School)

(Address)

(Telephone Number)

It is requested that an official copy of the records of:

Student's Name

_____ Date of Birth _____ Grade

Be released to Madison Local Schools:

School Name – (address, telephone, and emails to the left)

Please include the following information:

- _____ Academic Grades/Transcripts
- _____ Grades to Withdrawal Date
- _____ Standardized Test Scores (AA/AIR/EOC)
- _____ Attendance Records
- _____ Health / Immunization Records
- _____ Psychological Reports (if applicable)
- _____ Individual Education Plan – IEP (if applicable)
- _____ Multifactorial Evaluation – MFE (if applicable)
- _____ Speech / Hearing / Language Evaluations (if applicable)
- _____ School Profile (explain credits & grading systems)
- _____ ALL OF THE ABOVE
- _____ Other (please specify) _____

Signature of Parent/Legal Guardian or Student (if legal age)

Has this student been expelled from your school district? No Yes
If yes, please provide dates and copy of expulsion letter.

Signature of School Official

_____ Title _____ Date