MADISON SCHOOL DISTRICT
3498 Treat Hwy. • Adrian, MI 49221 • (517)263-0741 • Fax (517)265-5635

REQUEST FOR STUDENT RECORDS

TO: _____
Name of school transferring from

_____

_____
Phone Fax

Dear School Official:

Please mail the complete cumulative file (CA-60), including grades earned to date, health (immunization) record, transcript, test scores (MEAP & Proficiency), portfolio, an all special education reports (psychological, social work, evaluations, IEPs, etc) to Madison Elementary School.

STUDENT	GRADE	DATE OF BIRTH

_____ _____
Parent/Guardian Signature Date

Under the provisions of the Federal Educational Rights and Privacy Act, Federal Register, Volume 41, No 118, June 17, 1976, it is no longer necessary to have written consent of the parent to release records. School officials, including teachers within the educational institution and officials of other school systems in which the student intends to enroll, may request student records.

PLEASE FAX OR EMAIL ASAP:
517-265-1849 or leticia.alvarez@madisonk12.us
1. Special Education/IEP Information
2. Discipline Records
3. Other_____

MAIL REMAINING RECORDS TO:
Records
Madison Elementary School
3498 Treat Hwy.
Adrian, MI 49221