

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, portfolio, and all special education reports (psychological, social work, evaluations, IEPs, etc) to Madison High 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:

517-265-1848 or ramie.verbey@madisonk12.us

1. Special Education/IEP Information
2. Discipline Records
3. Other _____

MAIL REMAINING RECORDS TO:

Records
Madison High School
3498 Treat Hwy.
Adrian, MI 49221