



Madison Local School District - Request for Release of Student Records

PreK - 2nd Grade Building

92 E Main St
Madison, OH 44057
440-428-5121 – Telephone
440-844-4083 - Fax
Email: connie.kiper@madisonschools.net

3rd - 6th Grade Building

6079 Middle Ridge Rd
Madison, OH 44057
440-428-1196 – Telephone
440-417-1857 – Fax
Email: cheryl.radovan@madisonschools.net

7th - 12th Grade Building

3100 Burns Rd
Madison, OH 44057
440-428-2161 – Telephone
440-428-9349 – Fax
Email: allison.white@madisonschools.net

Board of Education (Special Ed)

6079 Middle Ridge Rd
Madison, OH 44057
440-428-1196 - Telephone
440-417-1857 - Fax
Email: holly.potti@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